

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Amie Amburg

CERTIFICATE OF DEATH

MARYLAND

Died at

Aberdeen

Town

County

Hanford

Date  
of death

1905

Month

Sept.

Day

10

Years

38

Months

—

Days

—

Sex

Female

Color or  
Race

White

Birth-  
place

Germany

Occupation

Canning house hand

Where Residing if not  
at place of death

Baltimore MD

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Chas. Amburg

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

Frank Dickman

How related  
to deceased

Son in law.

CAUSES OF DEATH

Primary

Heart Disease

(n9)

How long

—

Immediate

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

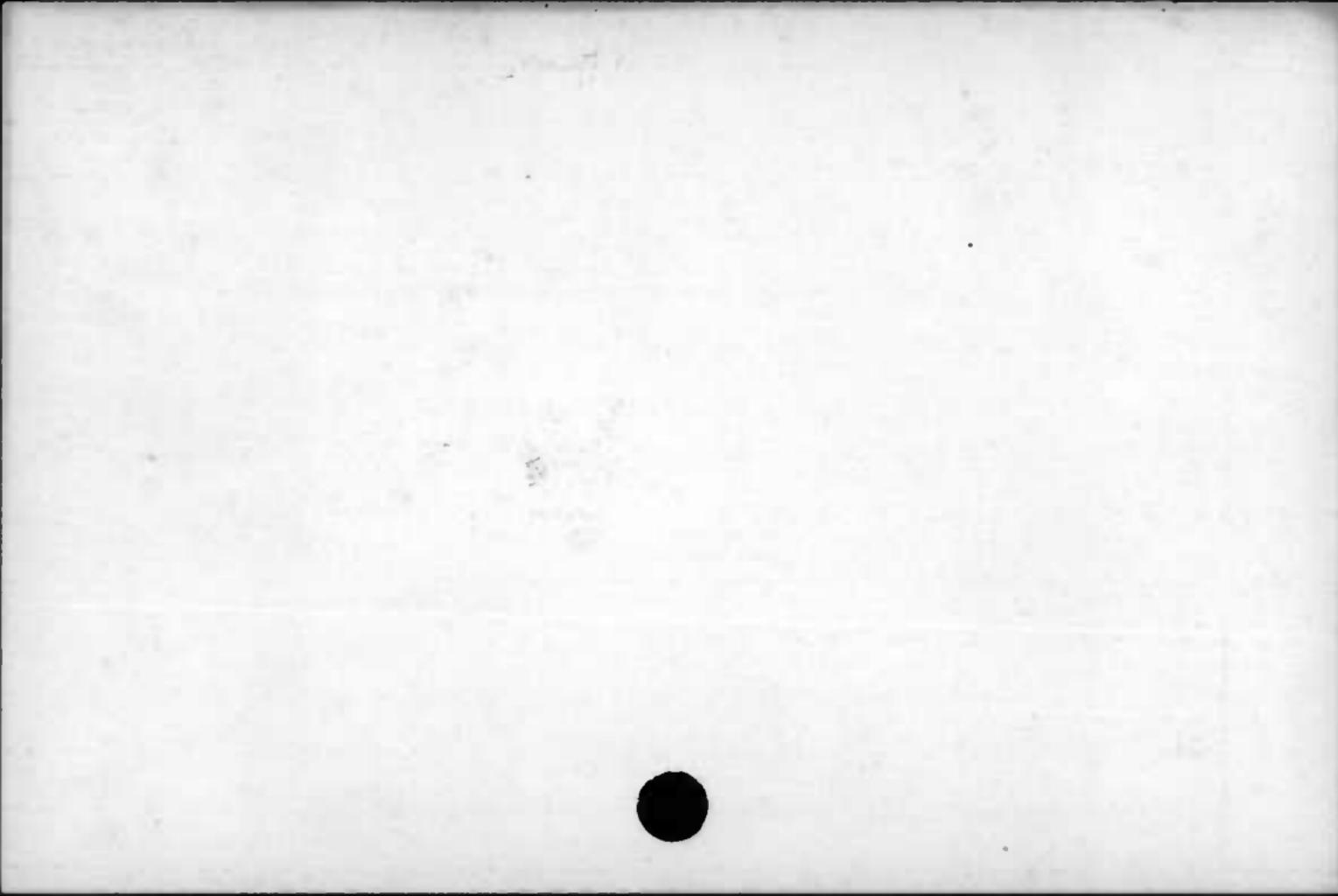
Yes

Signature of  
Physician

Address

J. N. Kennedy,  
Aberdeen, Md.

Accident or Suicide?



Name  
in  
Full

D. F. H. Arthur

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cardiff</u>		Town	County <u>Hanford</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Sept</u>	Day <u>16</u>	Age <u>40</u>	Years <u>40</u>	Months <u>2</u>	Days <u>3</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Hanford</u>				
Occupation <u>Physician</u>		Where Residing if not at place of death <u>—</u>				
Married, Single or Widower <u>Single</u>	Name of Wife or Husband <u>Vivian M. Arthur</u>					
Father's Name <u>Dos Arthur</u>	Father's Birthplace <u>Hanford</u>					
Mother's Maiden Name <u>Mary J. Essie</u>	Mother's Birthplace <u>Hanford</u>					
Name of person giving Information <u>D. W. E. Arthur</u>	How related to deceased <u>Brother</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bright's disease

How long

One week

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician  
J. S.

Address

D. W. E. Arthur  
Stratford

Accident or Suicide?



Name  
in  
Full

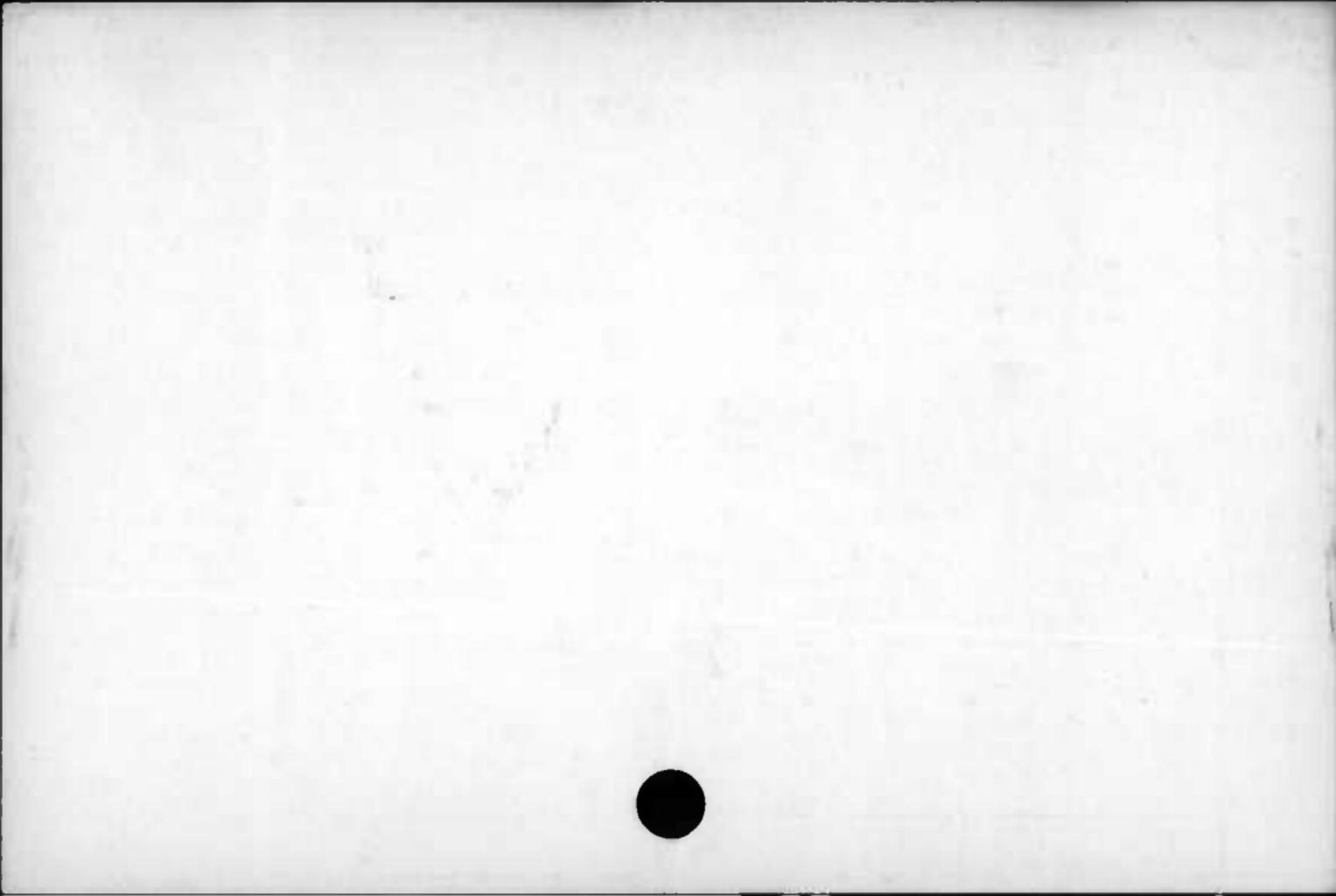
Lewis Ash

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County			
Died at	Near Harrode Grace		Harford		MARYLAND	
Date of death 1905	Month Sep	Day 10	Years 86		Months	Days
Sex Male	Color or Race Col			Birth-place	Harford Co	
Married, Single or Widowed	Occupation		Married Farmer			
Name of Wife or Husband	Mary F. Ash					
Father's Name			Father's Birthplace	Harford Co		
Mother's Maiden Name	Jane Ash		Mother's Birthplace	Harford Co		
Name of person giving Information	Daughter		How related to deceased	W -		
CAUSES OF DEATH						
Primary	Emphysema		How long	2 yrs		
Immediate			How long	-		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	A. C. Crothers		
			Address	Harrode Grace		
Accident or Suicide?			-			



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Silas Baldwin

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Silas Baldwin			
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

1905 Sept 3 80 Harford Harford Co and  
Male White  
Dancer  
Married  
John D. Green  
John D. Green

CAUSES OF DEATH

Primary

Complication of Disease

How long

1 year

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

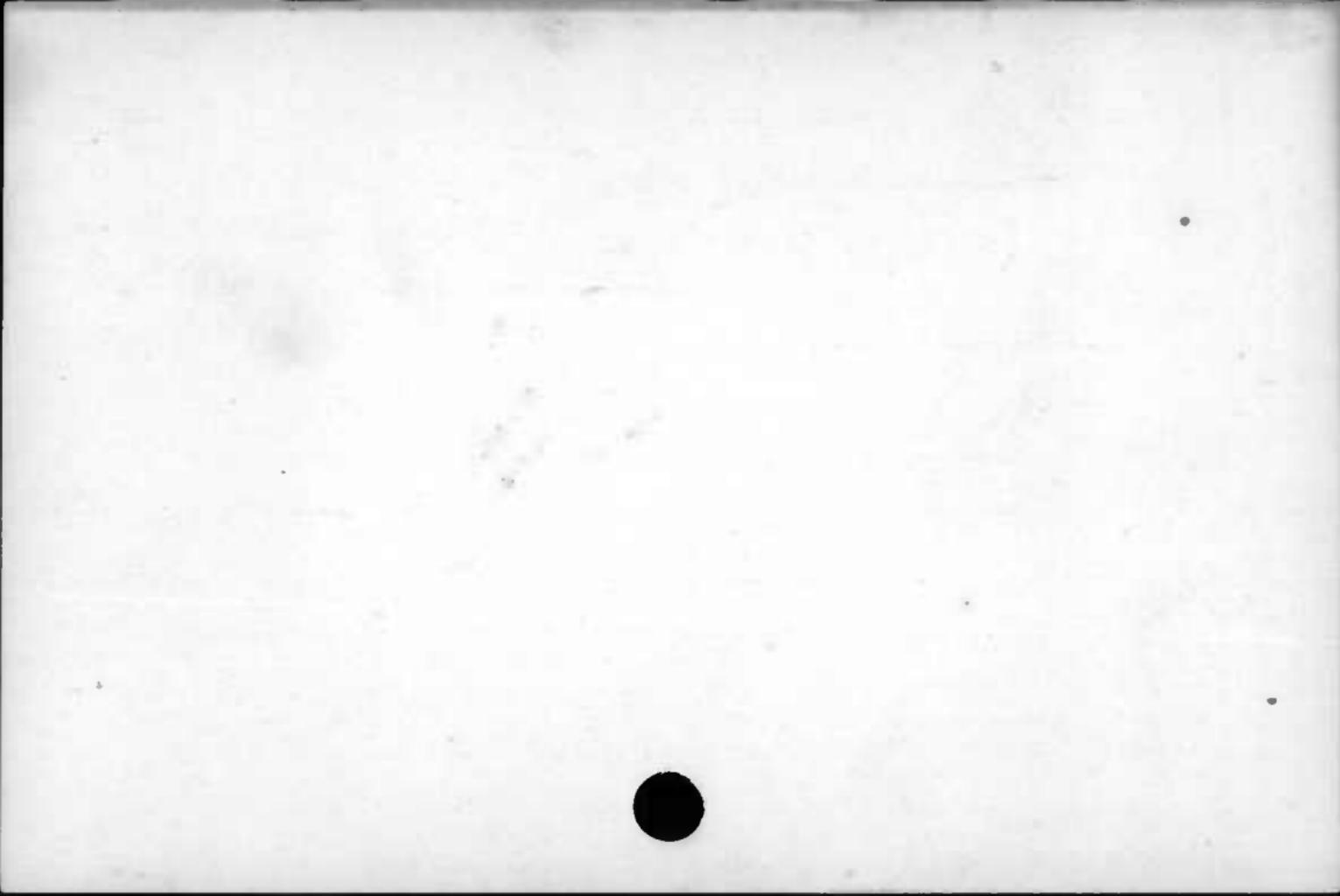
Signature of Physician

C. W. Garrow

Address

8 Street  
Ind.

Accident or Suicide?



Name  
in  
Full

Fredrick Beckthold

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months Days	
Sex	Color or Race	Age	87	11 8	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Calvary			
Father's Name	Germany				
Mother's Maiden Name	Katherine	Germany			
Name of person giving Information	Adam Becktold	Born			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary How long

Residental Gun shot wound

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

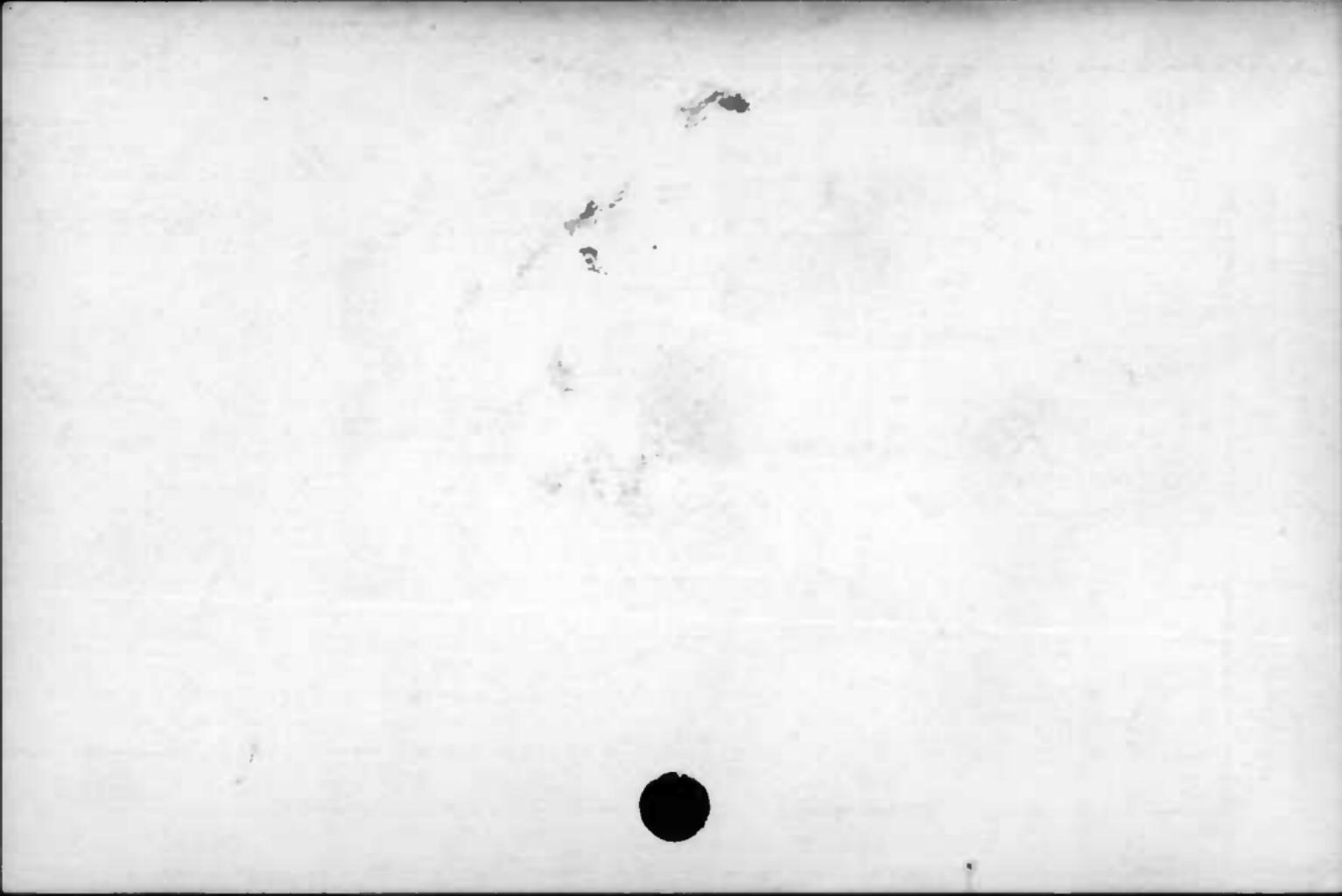
Address

James G Pittman

coroner

Accident or Suicide? accident

Aberdeen



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Edith Bond

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Bond				
Mother's Maiden Name	Elecia Bullen				
Name of person giving Information	John Bond				

CAUSES OF DEATH

Primary Malnutrition - How long one mo.

Immediate - How long -

Are the name, age, sex, color, date and place correctly given above?

Yes

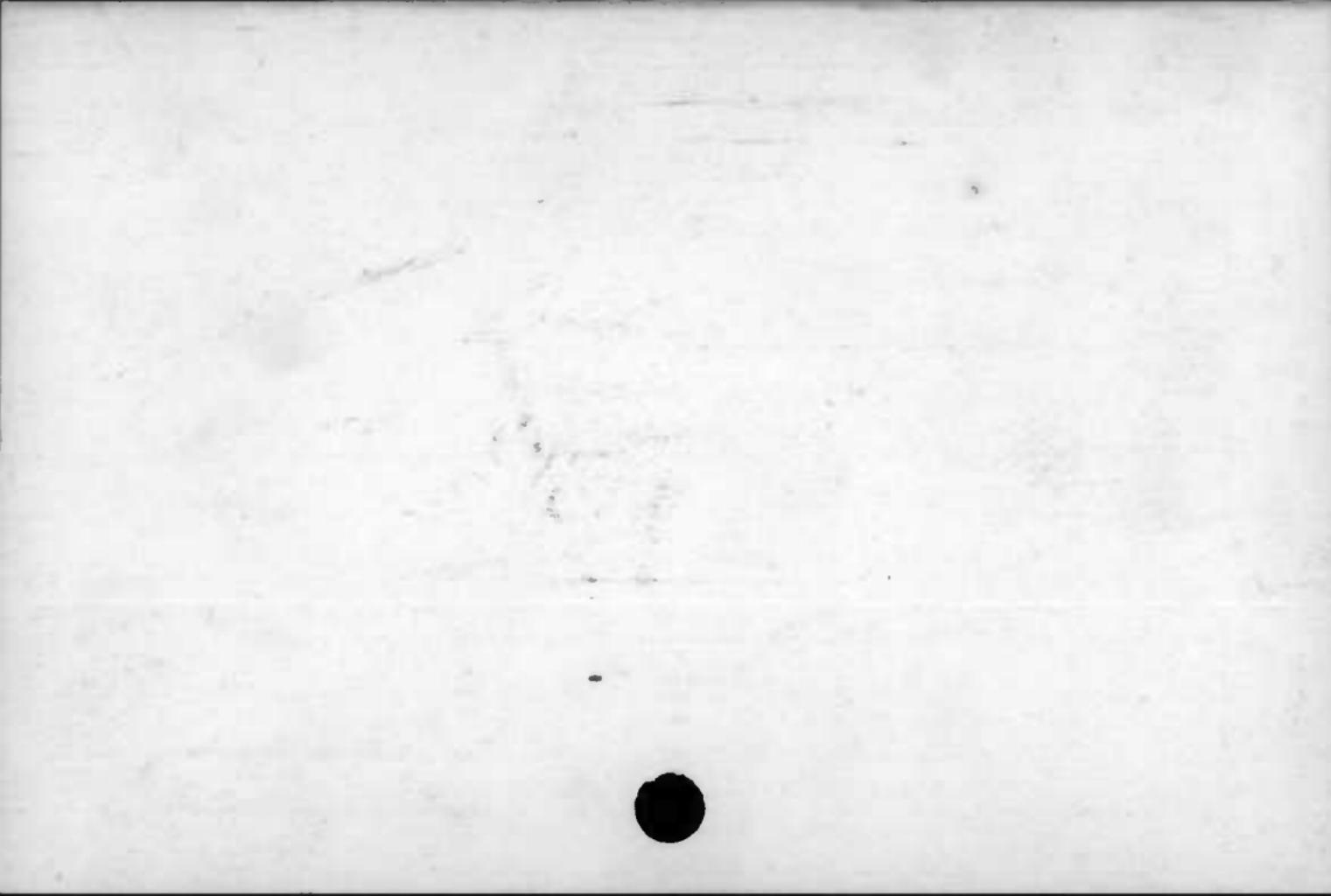
Signature of Physician

G. R. Fletcher undertaker

Address

Aberdeen Md

Accident or Suicide?



Name  
in  
Full

Mahala Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Darlingtry

Town

County

Hartford

MARYLAND

Date  
of death

1905

Month

Sept

Day

25

Years

120'

Months

—

Days

—

Age

Sex

Female

Color or  
Race

col

Birth-  
place

Occupation

Servant

Where Residing if not  
at place of death

Married, Single  
or Widowed

Singl

Name or Wife or  
Husband

Father's  
Name

—

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

All age

How long

20 yrs

Immediate

Heart Failure

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

M. B. Smith

Address

Darlingtry Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name in Full

Certificate of Death

Jesse Edward Bhristy

Town

County

MARYLAND

Died at

Mechanicsville

Harford

Date 195

Month Sept Day 17

Y.

M.

D.

Native of

Occupation

Male

Month

Day

Age

Married

3

Female

White

Colored

Single

Widow

Widower

Divorced

Number of children living

Husband  
of

Wife

Father's  
Name

William Bowser

Mother's  
Maiden Name

Mary Bhristy

Cause of

Primary

How long sick

Death

Immediate

3 days

Accident, Suicide, Homicide

Reported by

Consultant

Address

Dr. D. Brown &amp; Sons Undertakers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Sadie Cox

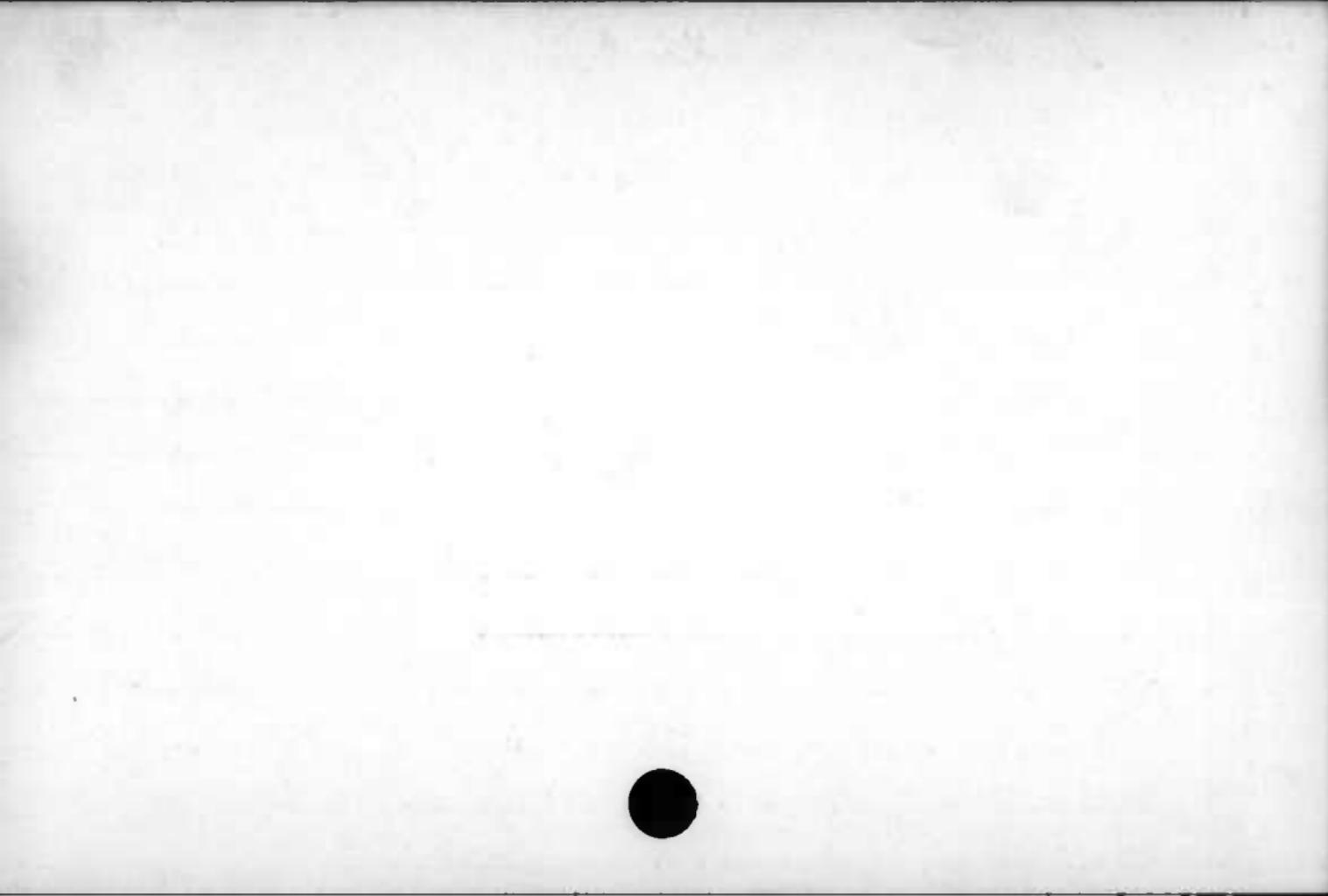
CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Died at	Sarah Furnace	Bearford			
Date of death	Month	Day	Years	Months	Days
1903	September	21 <sup>st</sup>	1	—	24
Sex	Female	Color or Race	White	Birth-place	Sarah Furnace
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George Cox				
Mother's Maiden Name	Malinda Wright				
Name of person giving information	Geo Cox				

CAUSES OF DEATH

Primary	Pertussis	V.D.	How long	17 days
Immediate	Convulsions & Expiration	V.D.	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Oscar H. McNease	Jarrettsville
		Address		
Accident or Suicide?				



Name in Full

Certificate of Death

*Anniola Ewing*

Town

County

Died at

Baltimore city

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

05

9 - 23.

10 3

Age

Married

Single

Widow

Widower

Haywards

Divorced

Number of children living



Female

White

Colored

Husband  
of

Wife

Father's  
NameCause of  
Death

Primary

Immediate

Mother's  
Maiden Name

How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

*A.C. Brothman*

*Harris de Grace*

*Constance Binton*

Accident, Suicide, Homicide

*Henry W. Earl, S.R.*



Name in Full

Certificate of Death

Pearl Kennedy Garretson

Died at Fallstover Harford MARYLAND

Died at	Town	Month	Day	Y.	M.	D.	Native of	Occupation
Date	<u>1905</u>	<u>Sept</u>	<u>18</u>	<u>21</u>	<u>3</u>	<u>18</u>	<u>Maryland</u>	
	<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Widow</u>	<u>Divorced</u>			
	<u>Female</u>	<u>Colored</u>	<u>Single</u>	<u>Widower</u>	<u>Separated</u>		<u>Number of children living</u>	

Husband of



Wife

Father's

Name Franklin &amp; Garretson Elen Edwittson

Mother's Name

Cause of

Primary

Dysphoid. Intestinal Diphaglosis

How long sick

Death

Immediate

Toxamnia

Accident, Suicide, Homicide

Reported by

Purcell &amp; Sappington

Address

Belair.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Brythie Sessler

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Oakington	Harrowd	
Date of death	Month	Day	Years
1905	9	13	36
Age	Months	Days	21
Sex	Color or Race	Where Residing if not at place of death	Birthplace
Female	White	Oakington	Baltimore
Occupation			<del>Germany</del>
Married, Single or Widowed	Name of Wife or Husband		
Single	Audrey Sessler		Germany
Father's Name		Father's Birthplace	
Mother's Maiden Name	Elizabeth Hass	Mother's Birthplace	,,
Name of person giving Information	E Sessler	How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Consumption

How long

1 year

Immediate

Are the name, age, sex, color, date and place correctly given above?

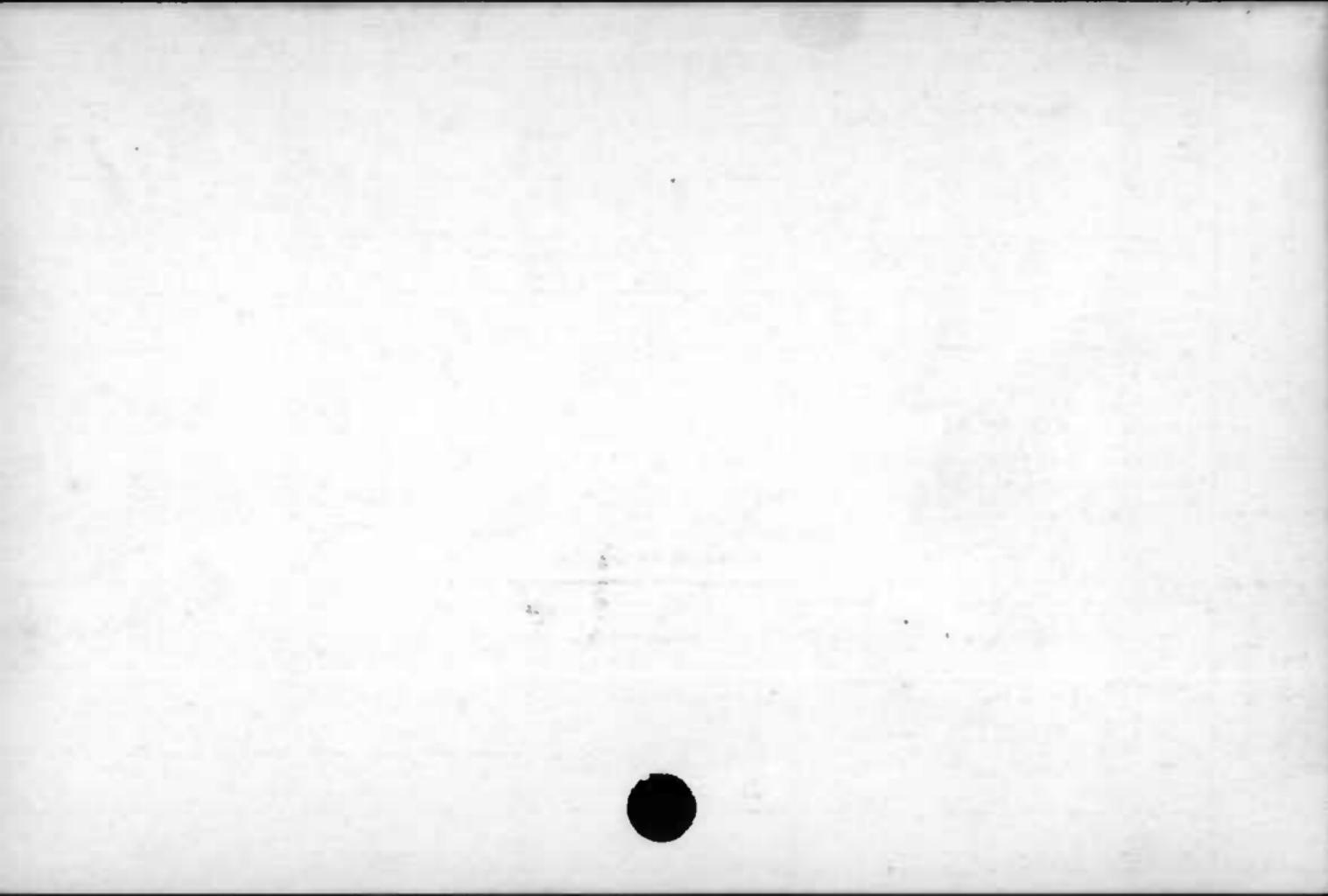
Yes

Signature of Physician

Address

Henry Tanney  
Magistrate  
Aberdeen

Accident or Suicide?



Name  
in  
Full

Solomon Gosweiler

CERTIFICATE OF DEATH

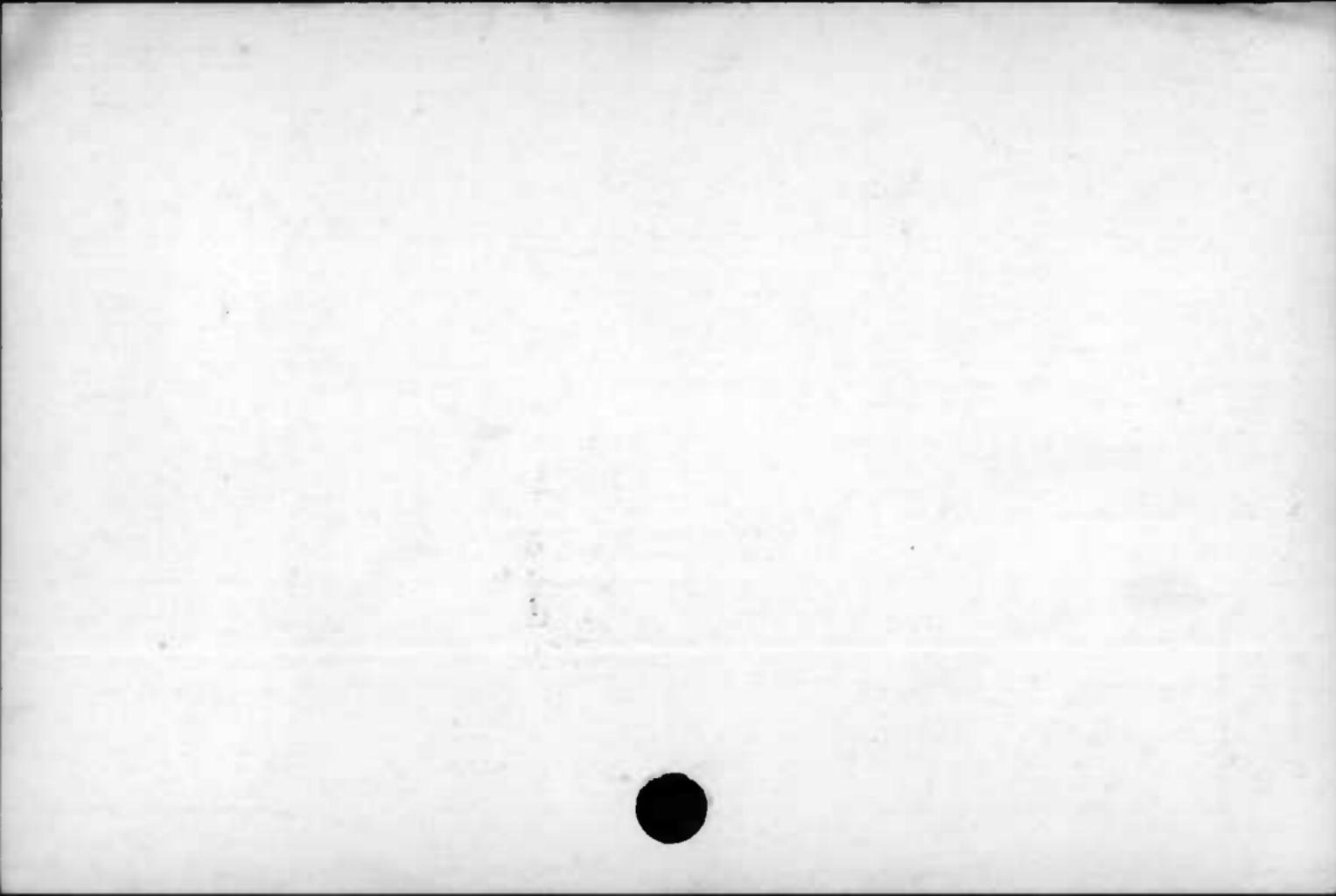
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Carsin's	Haiford					
Date of death	Month	Day	Years	Months	Days	
1905	Sept.	1st	60	11	25	
Sex	Male	Color or Race	White	Birth-place	Balto. Md.	
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Louisa Loib			
Father's Name	Daniel Gosweiler			Father's Birthplace	Pa	
Mother's Maiden Name	Janie Gilberh			Mother's Birthplace	Pa	
Name of person giving information	W. L. Gosweiler			How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Endocarditis		⑨	How long	one year
Immediate	Acute Indigestion			How long	one hour.
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	Chas. H. White
				Address	Aberdeen Md.
Accident or Suicide?					



Name  
in  
Full

Leah Harman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single <del>Divorced</del>	Name or Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Style

Leah Harman

Mary E. Smith

Lila Hubbard

Pennsylvania

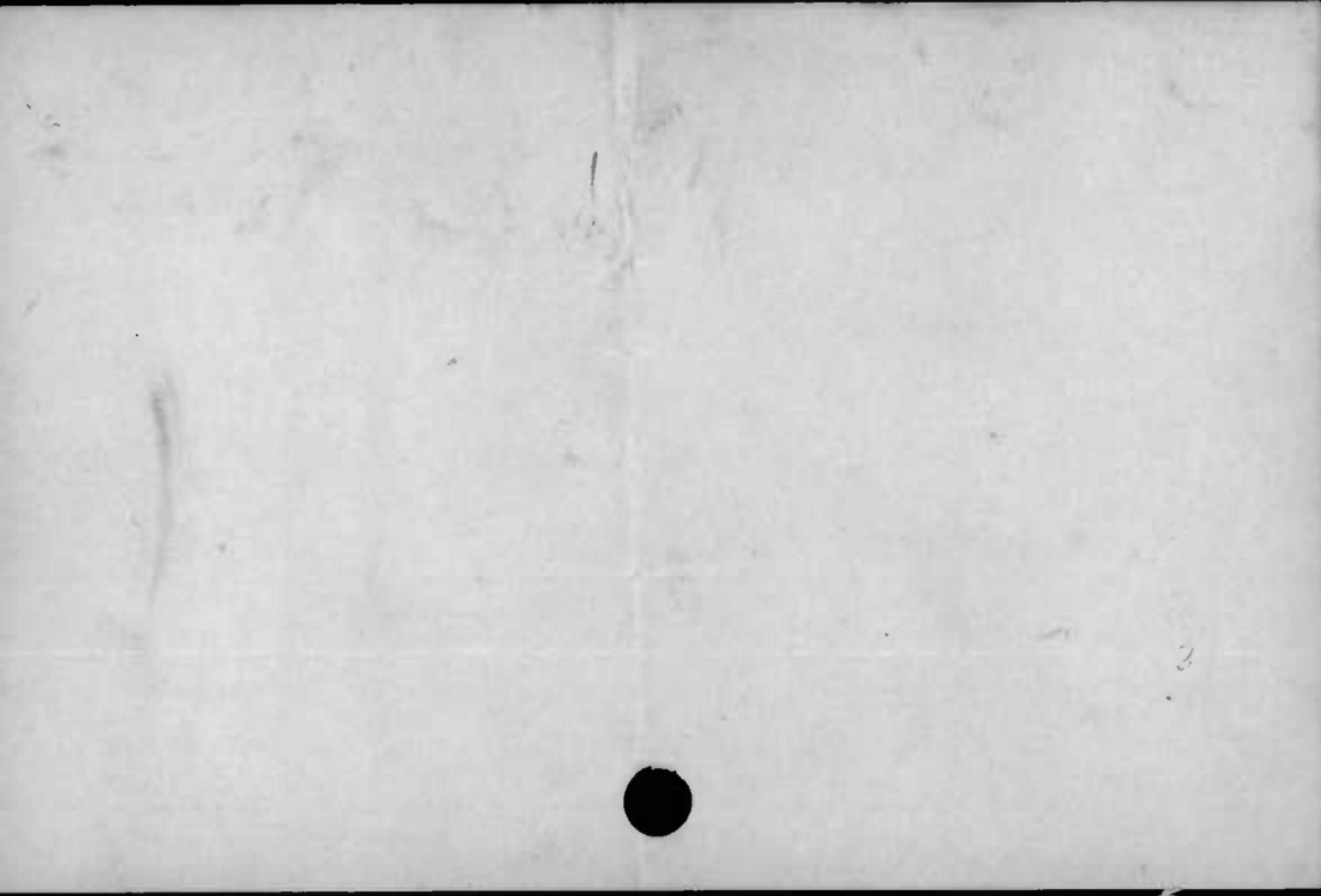
Pennsylvania

Relation

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Phthisis	How long	6 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Frank J. Tunkel
		Address	White Hall, Md.
Accident or Suicide?			



Name  
in  
Full

Benjamin Hawkins

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	At Laurel		
Father's Name	Richard Hawkins			
Mother's Maiden Name	Harford Co			
Name of person giving information	Frank B. Clegg			
CAUSES OF DEATH				
Primary	Bright's Disease kidneys			How long
Immediate	" " "			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address		
Accident or Suicide?		Al Crother Harris de Grace		

PHYSICIAN  
OR CORONER

"

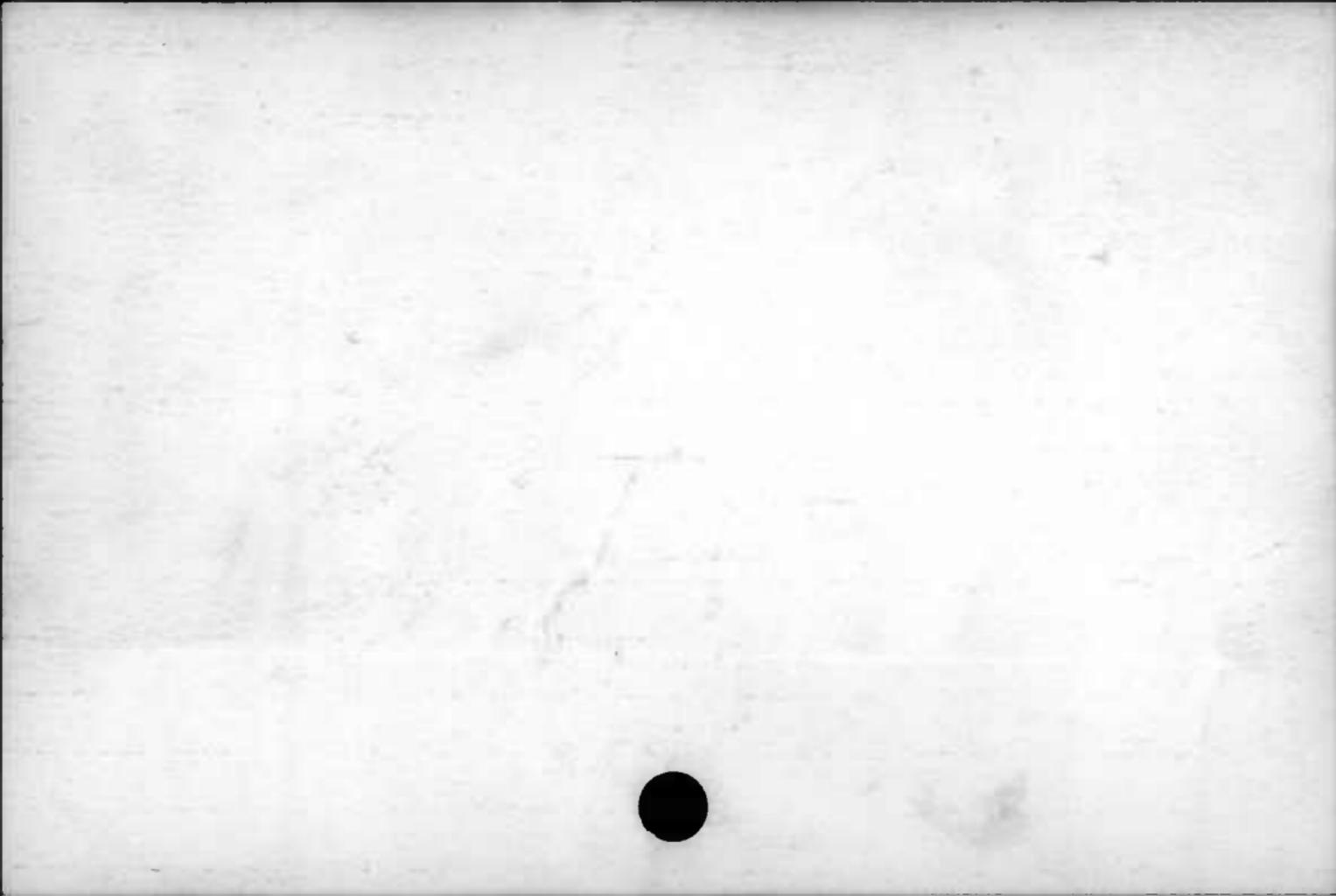
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

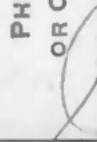
Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Thomas Henderson				CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND			
Black Horse		Harsford				
Date of death	Month	Day	Years	Months	Days	
1905	Sep	8	83	9	—	
Sex	Color or Race	White	Birth-place	Near Black Horse		
Male						
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Lillian T.					
Father's Name	Name of Wife or Husband					
Robert						
Mother's Maiden Name	Father's Birthplace					
Margarett Brown	Near Black Horse					
Name of person giving information	Mother's Birthplace					
Alfred N. Henderson	" "					
	How related to deceased					
	Son					
CAUSES OF DEATH						
Primary	Infarthritis of Age					
Immediate	Heart Failure					
How long						
1 Year						
How long						
3 Weeks						

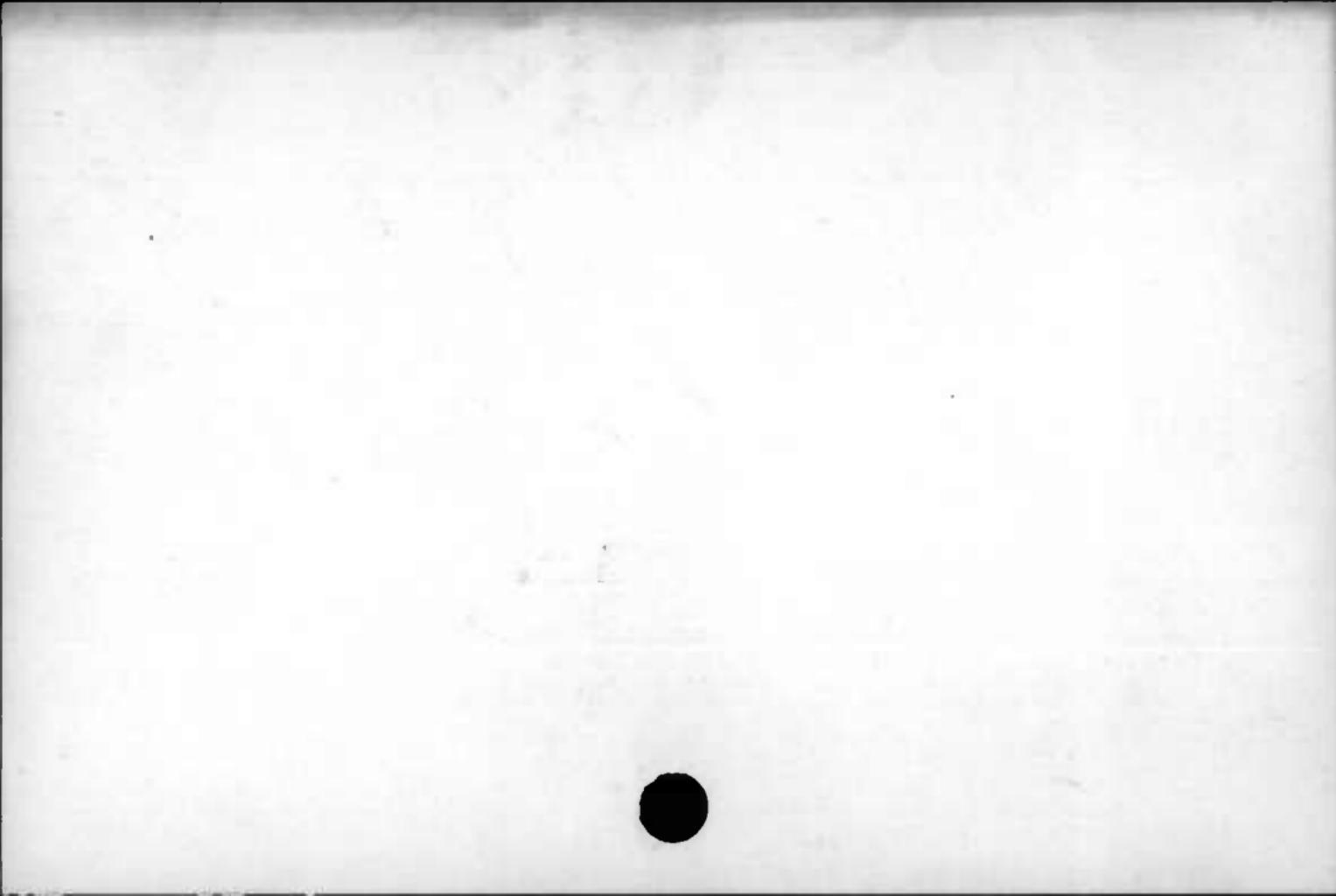
Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

J. T. Payne  
Phoenix Balto Co



Name  
in  
Full

CERTIFICATE

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month	Day 9	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary How long

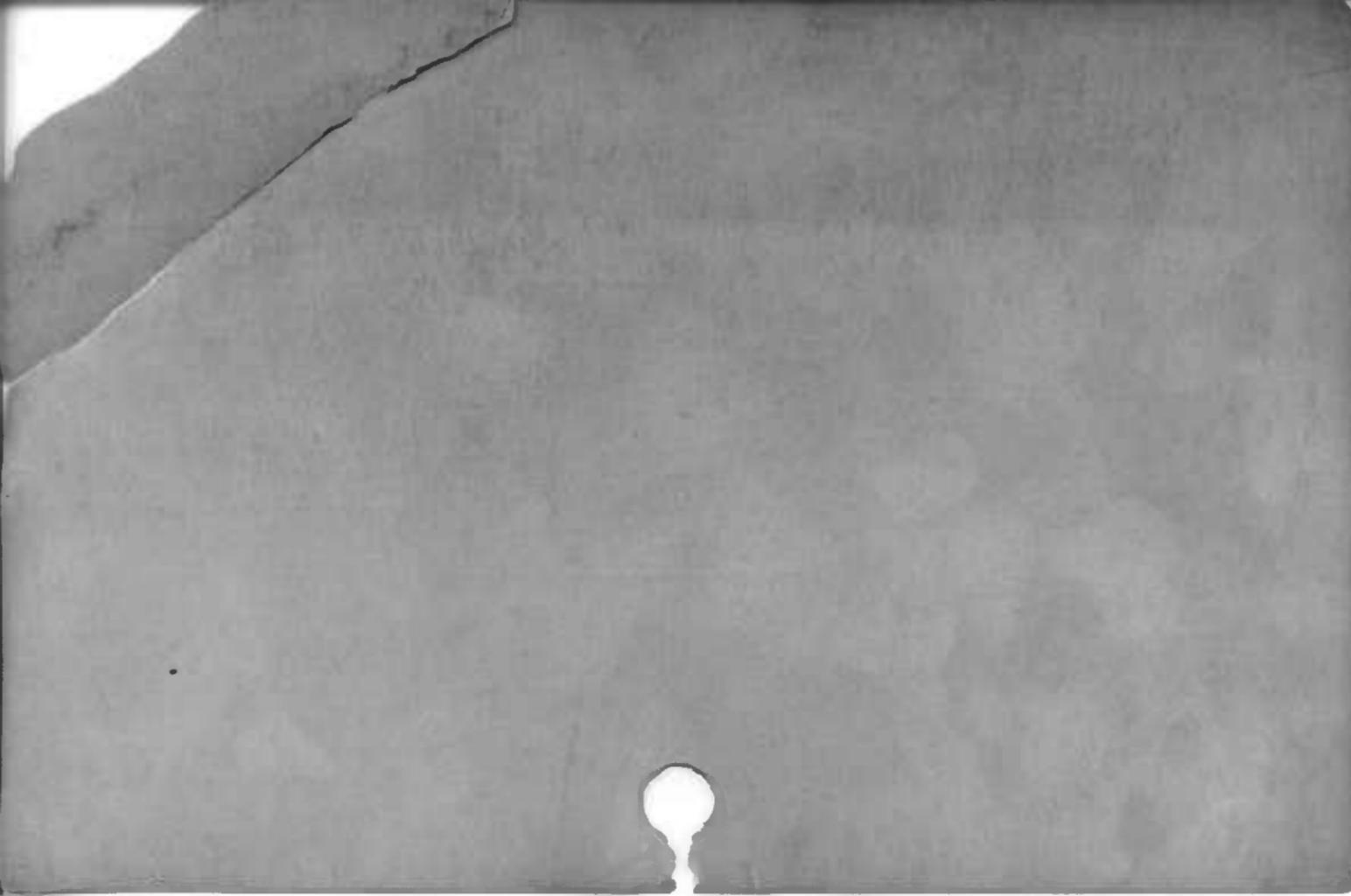
Immediate How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

Herbert Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Darlington	Harford			
Date of death	Month	Day	Age	Years	Months Days
1905	Sept'n	12	20	xx	
Sex	Male	Color or Race	white	Birth-place	
Occupation	Motorman in Phila		Where Residing if not at place of death	Darlington	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thos C Hopkins		Father's Birthplace	Harford Co Md	
Mother's Maiden Name	Margart Matthews		Mother's Birthplace	Balto Co Md	
Name of person giving information	Thos C Hopkins		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Jaundice

How long

3 weeks

Immediate

Meningitis

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

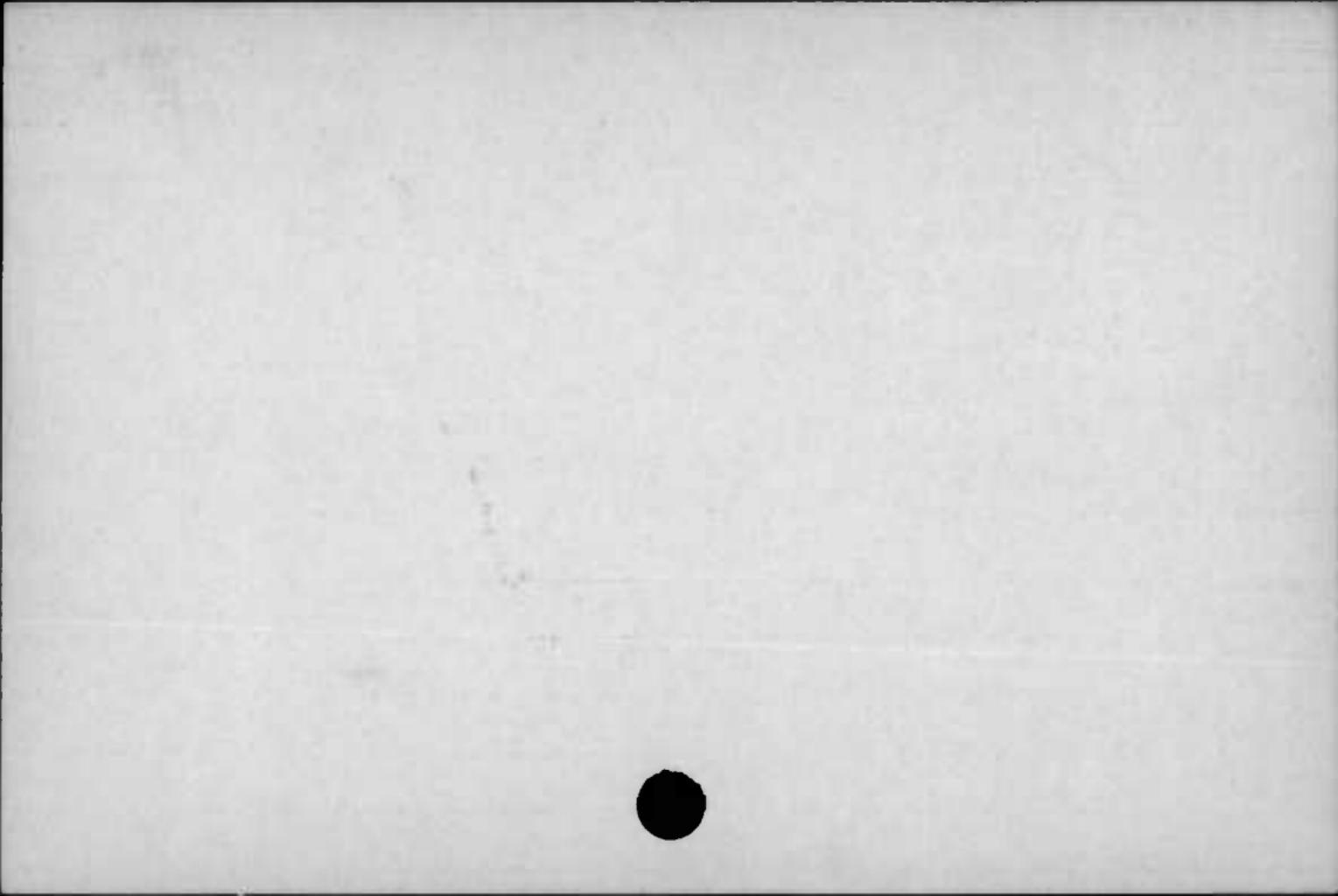
Address

Ephraim Hopkins

Darlington

Md

Accident or Suicide?



Name  
in  
Full

Marij. Robessa Fraps

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Bethiford

Town

Date

of death 1905 Sept

Month

Day

11

Age

County

Bethiford

Years

Months

13.

Days

6

Sex

Female

Color or  
Race

white

Birth-  
place

Bethiford

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Marij. Fraps.

Father's  
Birthplace

Mother's  
Maiden Name

Katii Baughlin

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

Divorced ✓ 105

How long

Two months

Immediate

Divorced

How long

Are the name, age, sex, color, date  
and place correctly given above?

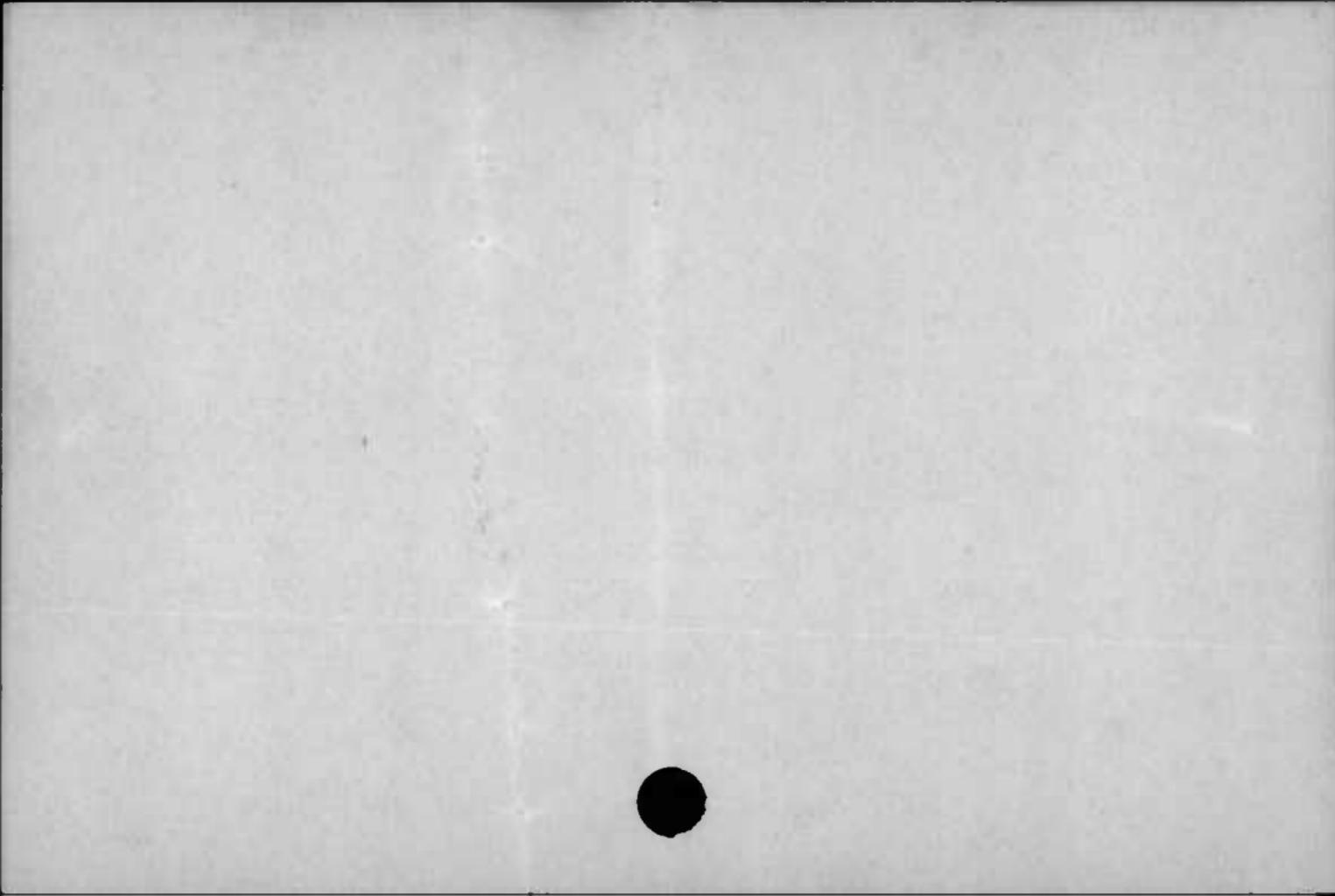
Signature of  
Physician

Address

D. S. A. Arthur  
Cardiff -

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Cora Alberta Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Bethel Hall

Town

Harford County

MARYLAND

Date of death 1905

Month

Day

Years

Age

Months

Days

Sex Female

Color or Race

Colored

Birth-place

Harford Co. Md.

Occupation

House work

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's Name

Jacob L. Johnson

Father's Birthplace

Harford Co.

Mother's Maiden Name

Kate Brown

Mother's Birthplace

Harford Co.

Name of person giving  
Information

Jacob L. Johnson

How related  
to deceased

Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Consumption

How long

one year -

Immediate

Exhaustion

How long

3 weeks

Are the name, age, sex, color, date  
and place correctly given above?

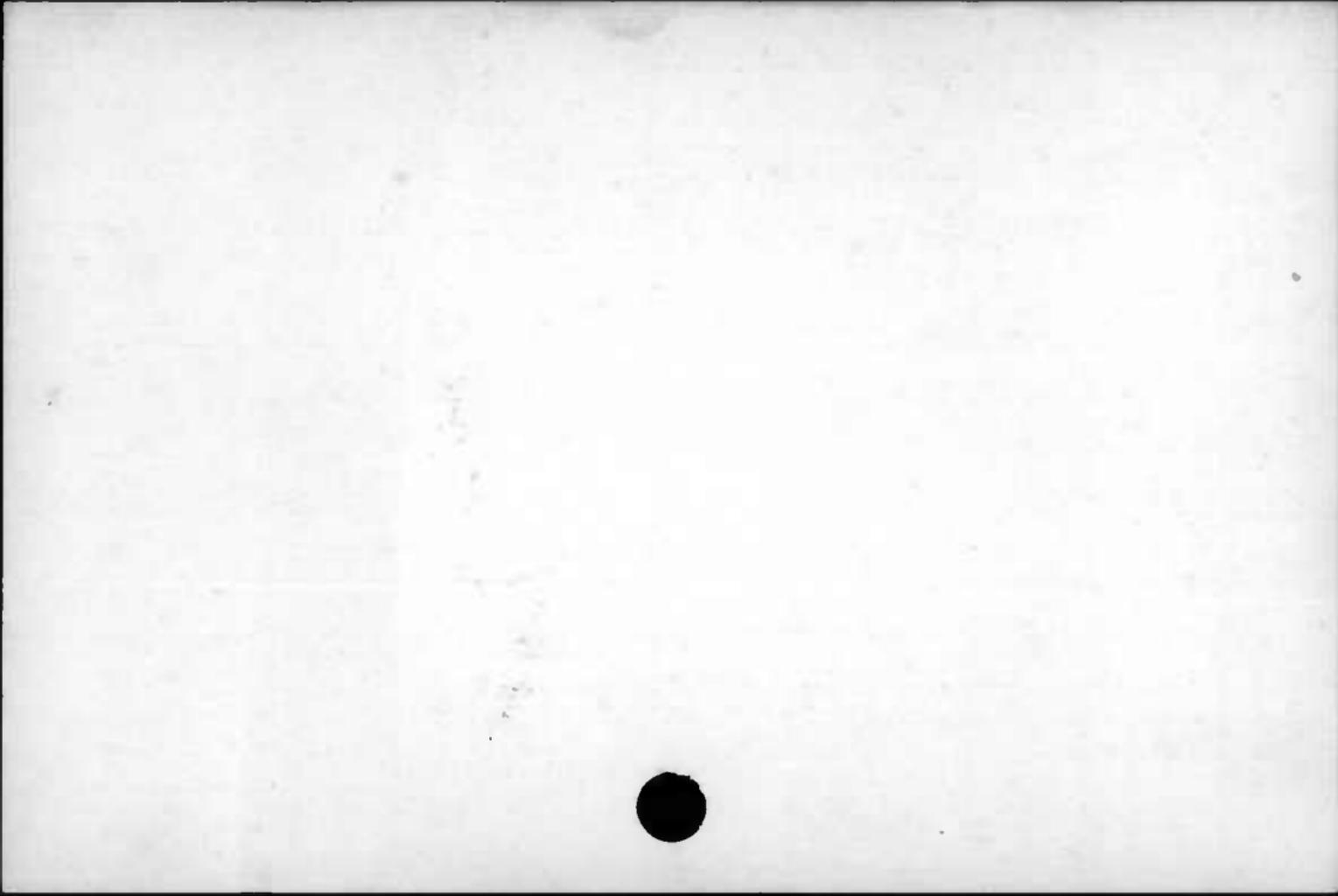
Yes

Signature of  
Physician

Address

Charles Kline  
Aberdeen Md

Accident or Suicide?



Name  
in  
Full

Helen Mar Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Sept.	18	Age	75	28
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	J. Fletcher Jones			
Father's Name	John Censnall				
Mother's Maiden Name	Esther Burns				
Name of person giving information	Mrs Nellie Cooley				
Father's Birthplace	Md				
Mother's Birthplace	Md				
How related to deceased	Daughter				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

30 yrs

Immediate

Heart Failure

How long

3 mks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. B. Smith  
Washington, D.C.  
Md.

Accident or Suicide?



Name  
in  
Full

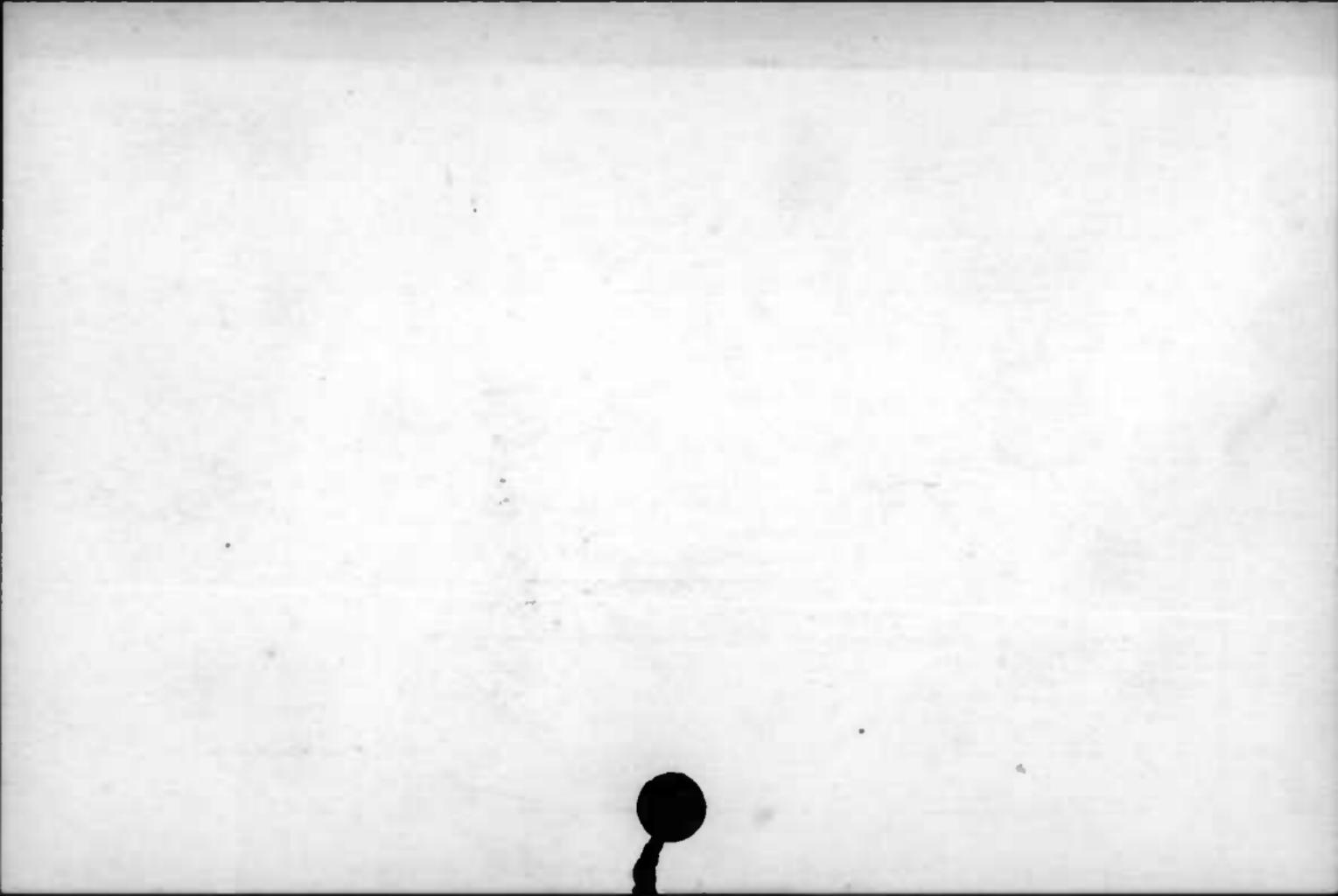
Thomas Edmund Kirby

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Munths	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mary Kirby			
Father's Name	Father's Birthplace			Balto Co	
Mother's Maiden Name	Eliza Watson	Mother's Birthplace			Balto Co.
Name of person giving information	Edward Kirby	How related to deceased			Son
CAUSES OF DEATH					
Primary	Pneumonia			How long	
Immediate	Heart failure			4 days	
Are the name, age, sex, color, etc. and place correctly given above?			Signature of Physician		
			Address		
Accident or Suicide?			Very near		



Name  
in  
Full

Hannah Kirkwood

CERTIFICATE OF DEATH

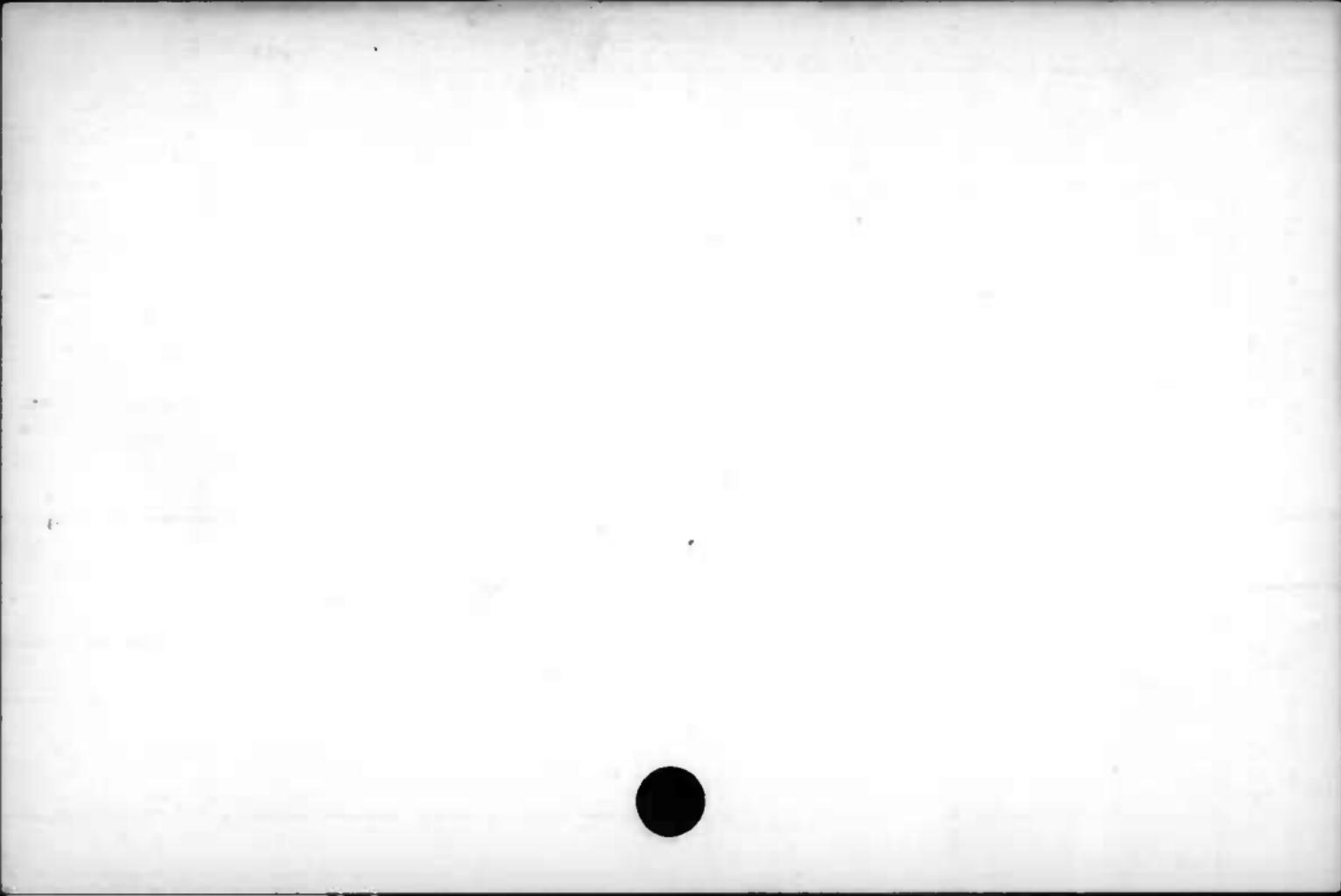
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1905	Month Sept	Day 16	Years 130 <sup>th</sup>	Months 5	Days 21 -
Sex Female	Color or Race White	Birth- place Shawsville Md.			
Married, Single or Widowed Single	Occupation Housework				
Name of Wife or Husband					
Father's Name Richard A Kirkwood	Father's Birthplace Maryland				
Mother's Maiden Name Margret Caines	Mother's Birthplace Maryland				
Name of person giving Information Edwin L Kirkwood	How related to deceased Nephew				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Chronic Bronchitis	How long 5 years
Immediate Exhaustion	How long _____
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Martin L Garrett Address Garretttsville Md.
Accident or Suicide?	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary Ellen Knoff			County			CERTIFICATE OF DEATH	
Died at	Town	Harford County				MARYLAND	
Date of death	Month	1905	Day	12	Age	Years	Months
Sex	Female	Color or Race	white	Birth-place	Days	2	24
Occupation	Where Residing if not at place of death						Harford County

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Daniel Knoff

Father's Birthplace

Harford Co

Mother's Maiden Name

Lillie Mirel Matthews

Mother's Birthplace

New Park Pa

Name of person giving information

Daniel Knoff

How related to deceased

Father

CAUSES OF DEATH

Primary

Cholera infantum

How long

2 day

Immediate

Convulsions

How long

1 hour

Are the name, age, sex, color, date and place correctly given above?

Yes

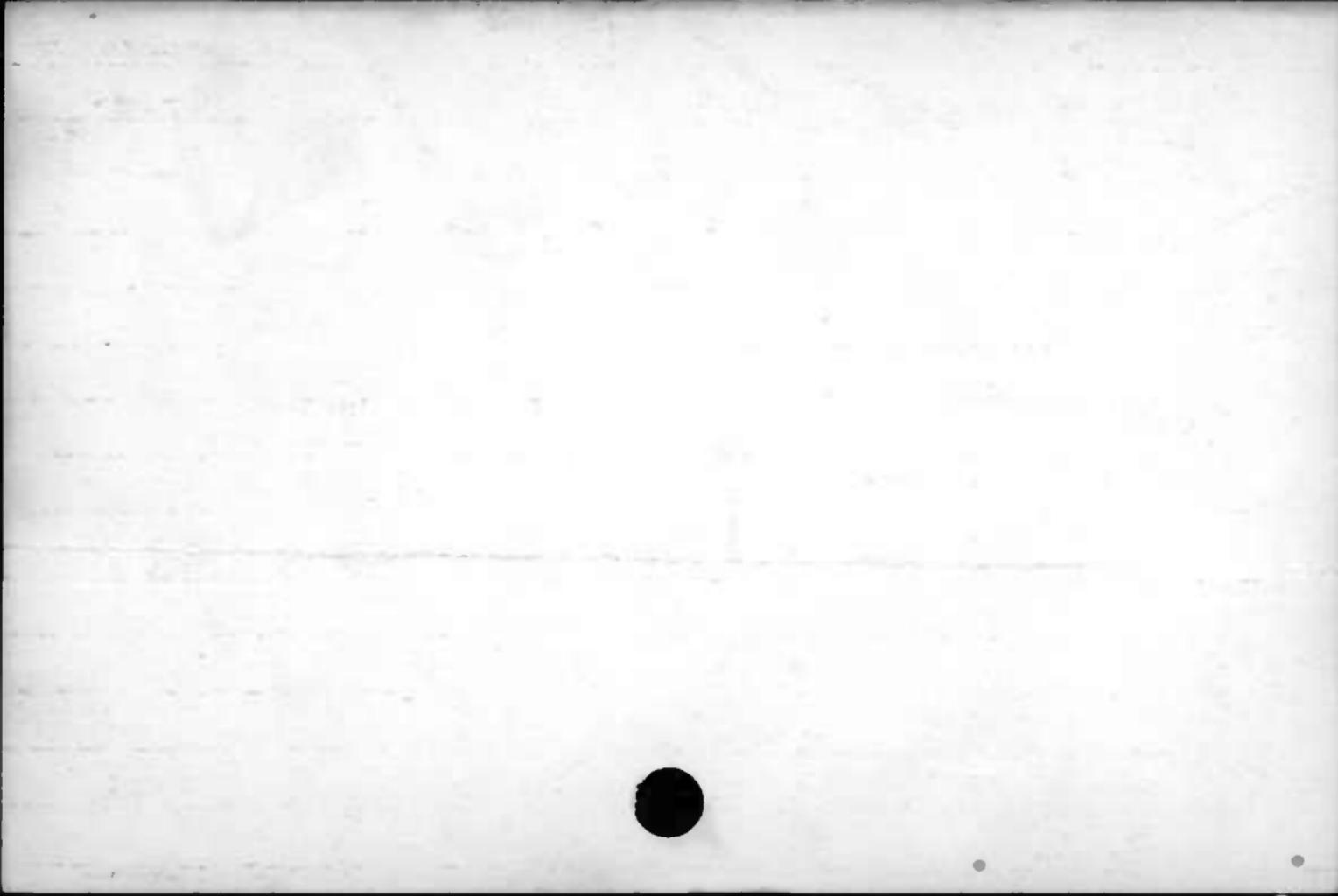
Signature of Physician

E. M. Free MD

Address

Stewartstown Pa

Accident or Suicide?



Name  
in  
Full

Francesco Liberati.,

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Havre-de-Grace.

Date of death 1905 Month 9

Day 22

Age 20 Years

County

Harford.

MARYLAND

Month

Days

Sex Male

Color or Race

White

Birth-place

Italy.

Occupation

Laborer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or Husband

Father's Name

Not given

Father's Birthplace

Mother's Maiden Name

" "

Mother's Birthplace

Name of person giving information

Nicholas Dandrea.

Hospitalized  
or Visited

Friend

CAUSES OF DEATH

Primary

Accident

How long

Immediate

Page H.S.

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

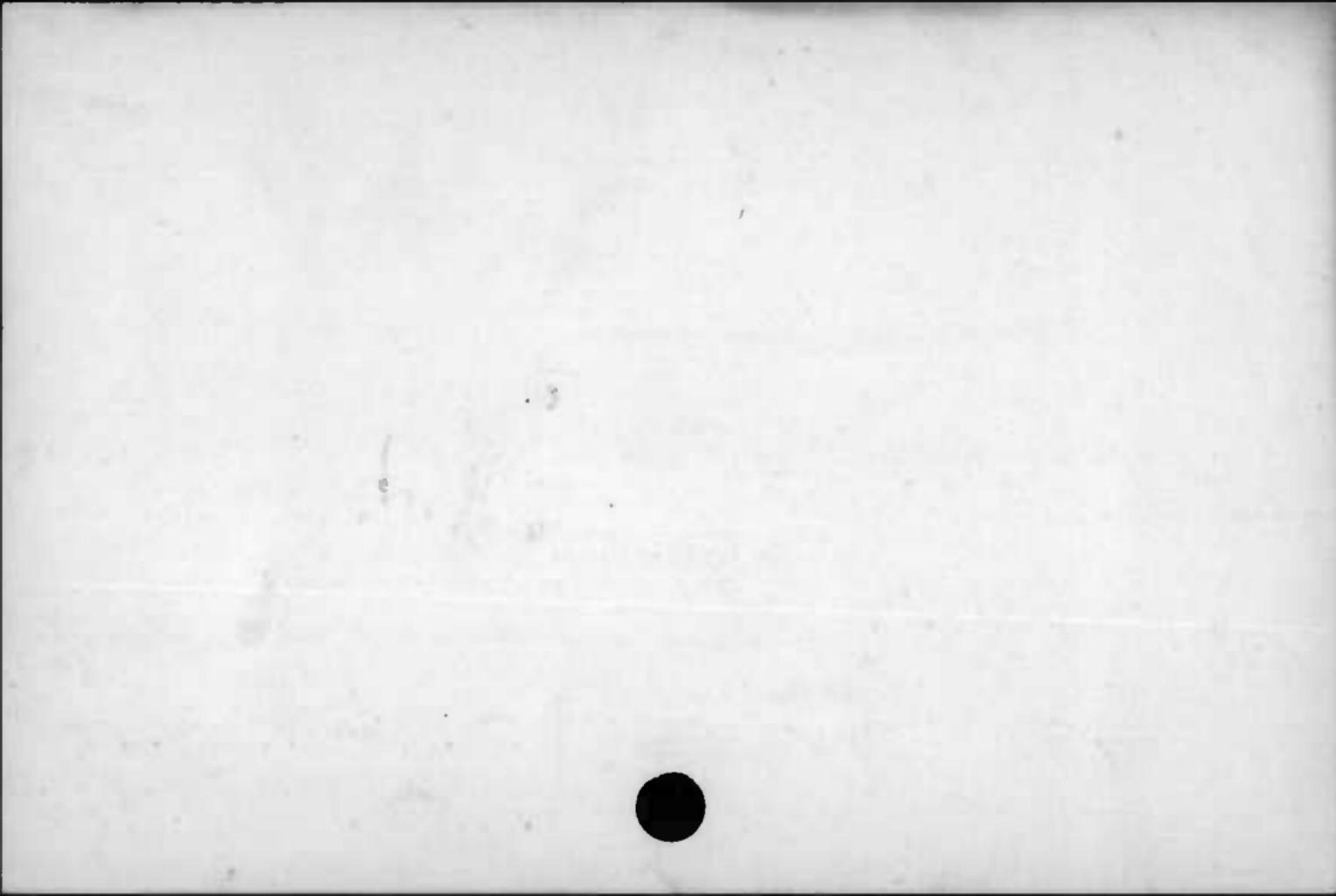
M. H. Fahey., Cor.

Address

Havre-de-Grace, Maryland.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Francisco Libarato

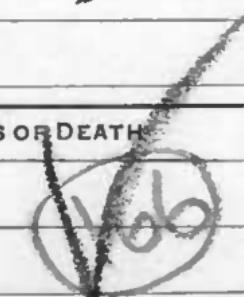
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

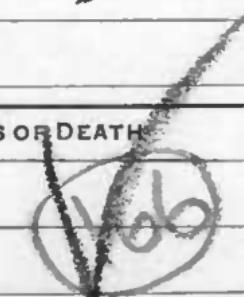
Died at <u>Kennedy Grace</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Sept.</u>	Day <u>22</u>	Years <u>20</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore</u>		
Occupation <u>Labor</u>	Where Residing If not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary 

How long

Immediate 

How long

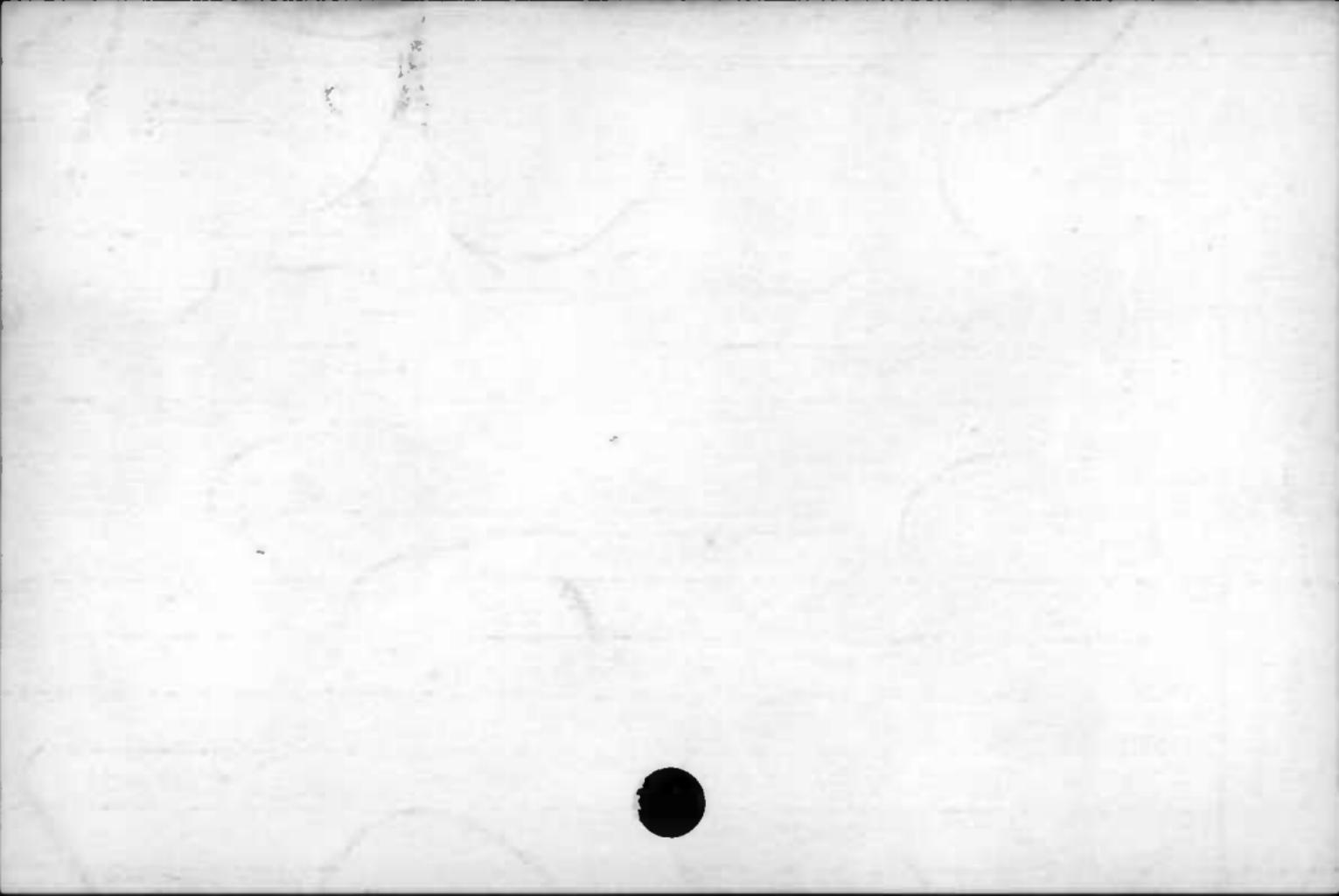
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide? Accident

*Michael H. Foley Coroner*



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1905	Month Sept	Day 25	Years	Months 3	Days 6
Sex Female	Color or Race White	Occupation	Birth-place Baltimore		
Married, Single or Widowed Single					
Name of Wife or Husband Emma Young					
Father's Name Arthur Young	Father's Birthplace Monkton				
Mother's Maiden Name Emma Hissins	Mother's Birthplace Baltimore				
Name of person giving Information Mother	How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Summer Complaint	How long	7 weeks
Immediate	Exhaustion	How long	

Are the name, age, sex, color, date and place correctly given above?

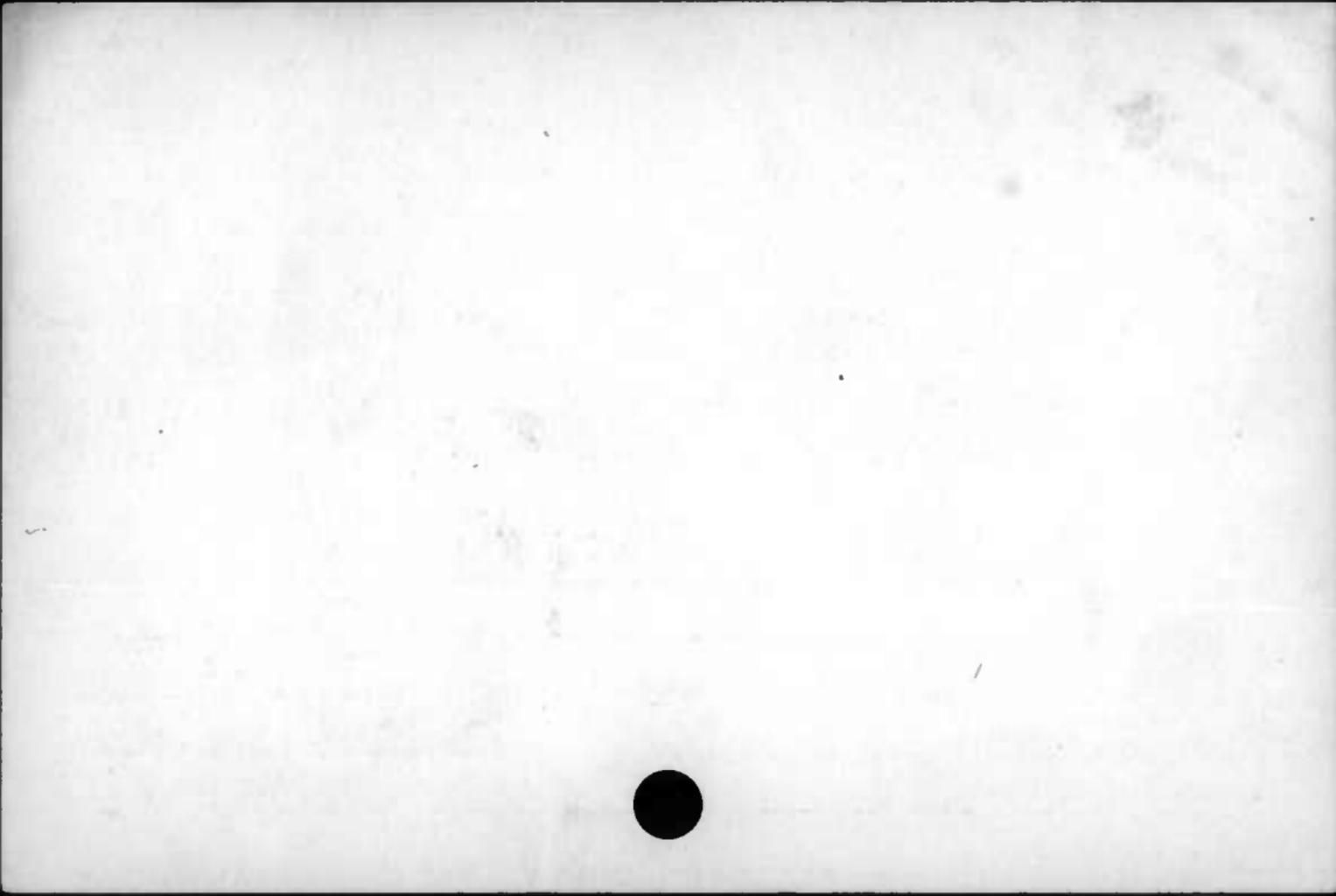
yes

Signature of Physician

F. J. Turner M.D.

Address White Hall

Accident or Suicide?



Name  
in  
Full

Charles Marr

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Blackburne	Town	County	MARYLAND
Date of death	1905 Sept	Month	Day	Years
Sex	Male	Color or Race	white	Months
Occupation	Laborer	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	John Marr	Father's Birthplace	Don't Know	
Mother's Maiden Name	Susan Hutchins	Mother's Birthplace	Don't Know	
Name of person giving information	William Vaile	How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid

How long

8 days

Immediate

Pneumonia

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

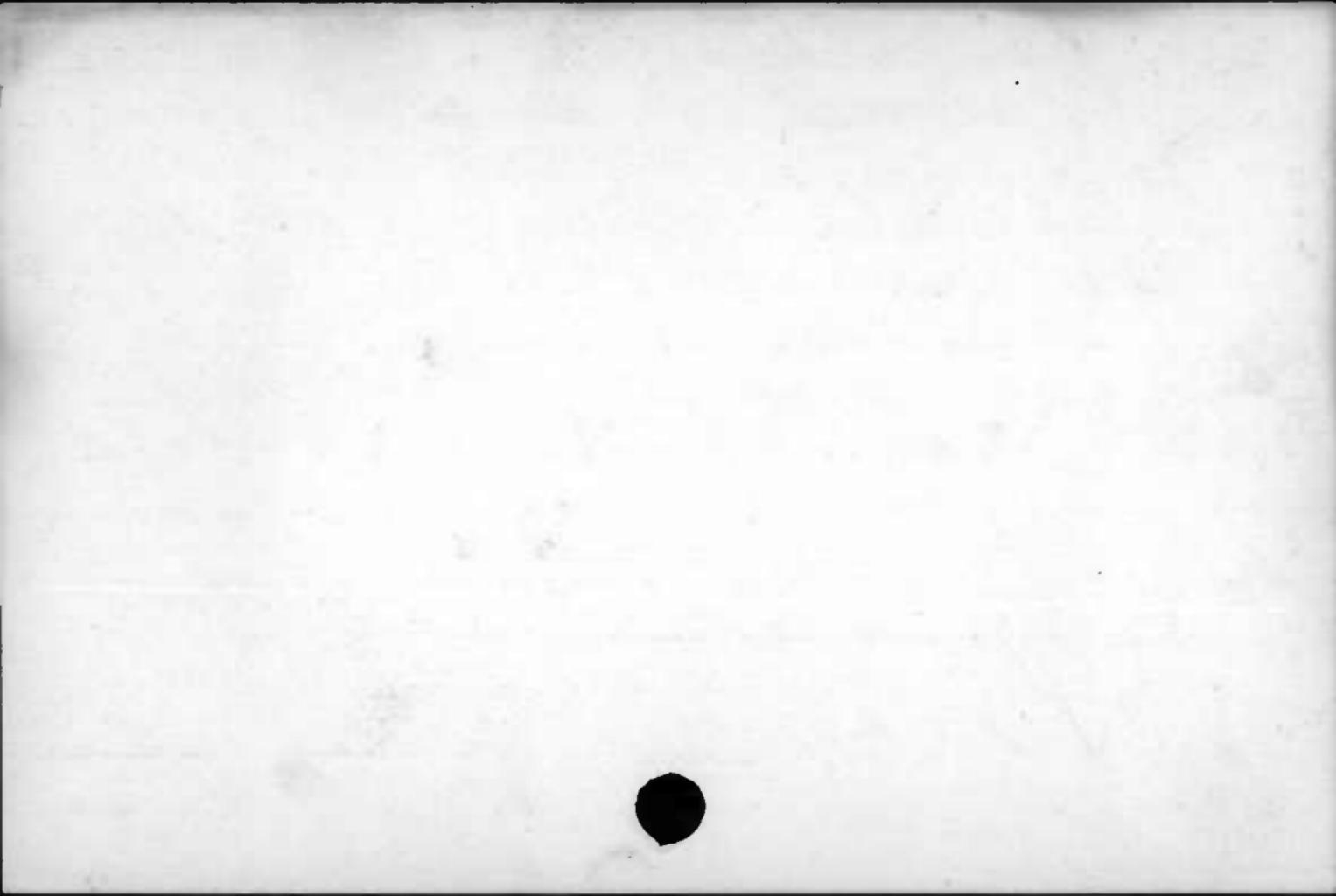
Yes

Signature of Physician

Address

Frank J. Turner  
White Hall on a

Accident or Suicide?



Name  
in  
Full

Mary Michael

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at

Town

County

MARYLAND

Date  
of death 1905

Month

Day

Years

Age

Sept.

21

87

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Penn.

Married, Single  
or Widowed

widowed

Occupation

Name of Wife or  
Husband

Mary Michael

Father's  
Name

Niah Johnson

Father's  
Birthplace

Penn.

Mother's  
Maiden Name

Sarah Fornwood

Mother's  
Birthplace

Staford co.

Name of person giving  
Information

Wm. Michael

How related  
to deceased

son

CAUSES OF DEATH

Primary

General Debility

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

F. Lee Stegues.  
Gibson, Ind.

Address

Accident or Suicide?

Dear Clark

Sept. 23, 1885-

Name  
in  
Full

James Wood Monellon

CERTIFICATE OF DEATH

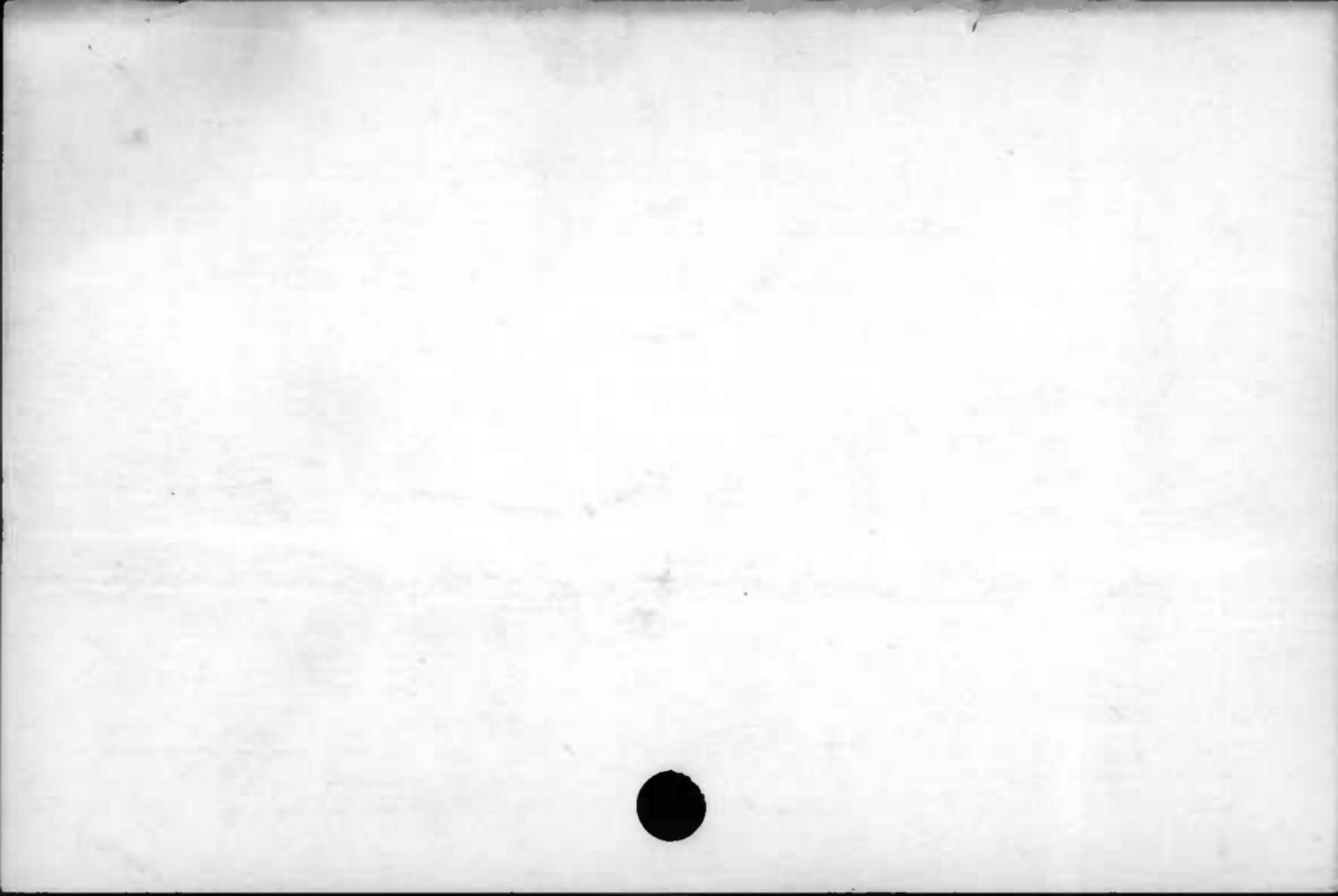
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chapel</u>		Town	County <u>Harford</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>9</u>	Day <u>17</u>	Age <u>7</u>	Years <u>7</u>	Months <u>6</u>	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Harford Co Md</u>				
Occupation <u>None</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>James G Monellon</u>			Father's Birthplace <u>Bogard Co Md</u>			
Mother's Maiden Name <u>Laura Rush</u>			Mother's Birthplace <u>Shelby Pa</u>			
Name of person giving Information <u>Daniel R. Gilbert</u>			How related to deceased <u>Uncle</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Acute nephritis</u>	How long <u>About 10 days</u>
Immediate <u>Heart &amp; Lung Complications</u>	How long <u>About 2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. H. Sturk M.D.</u>
	Address <u>1821 de Mare Rd</u>
Accident or Suicide?	



*Fletcher Raymond*

Died at *Baltimore Md.* Town *Havre de Grace* County *MARYLAND*

Date 1905	Month 11	Day 15	Age 59	Y. M. D.	Native of Havre de Grace	Occupation Railroad man
Male	White	Married		Widow	Divorced	
Esposito	Colored	Single		Widower		Number of children living 2

Husband of *Martha Raymond*  
 Wife Father's Name *J W Raymond* Mother's Maiden Name *Mary Lenox*  
 Cause of Death Primary How long sick 23 days  
 Death Immediate Accident, Suicide, Homicide

Reported by *Henry Raymond*  
 Address *Aberdeen* *A R Fletcher* *Aberdeen*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Olga Roberts

CERTIFICATE OF DEATH

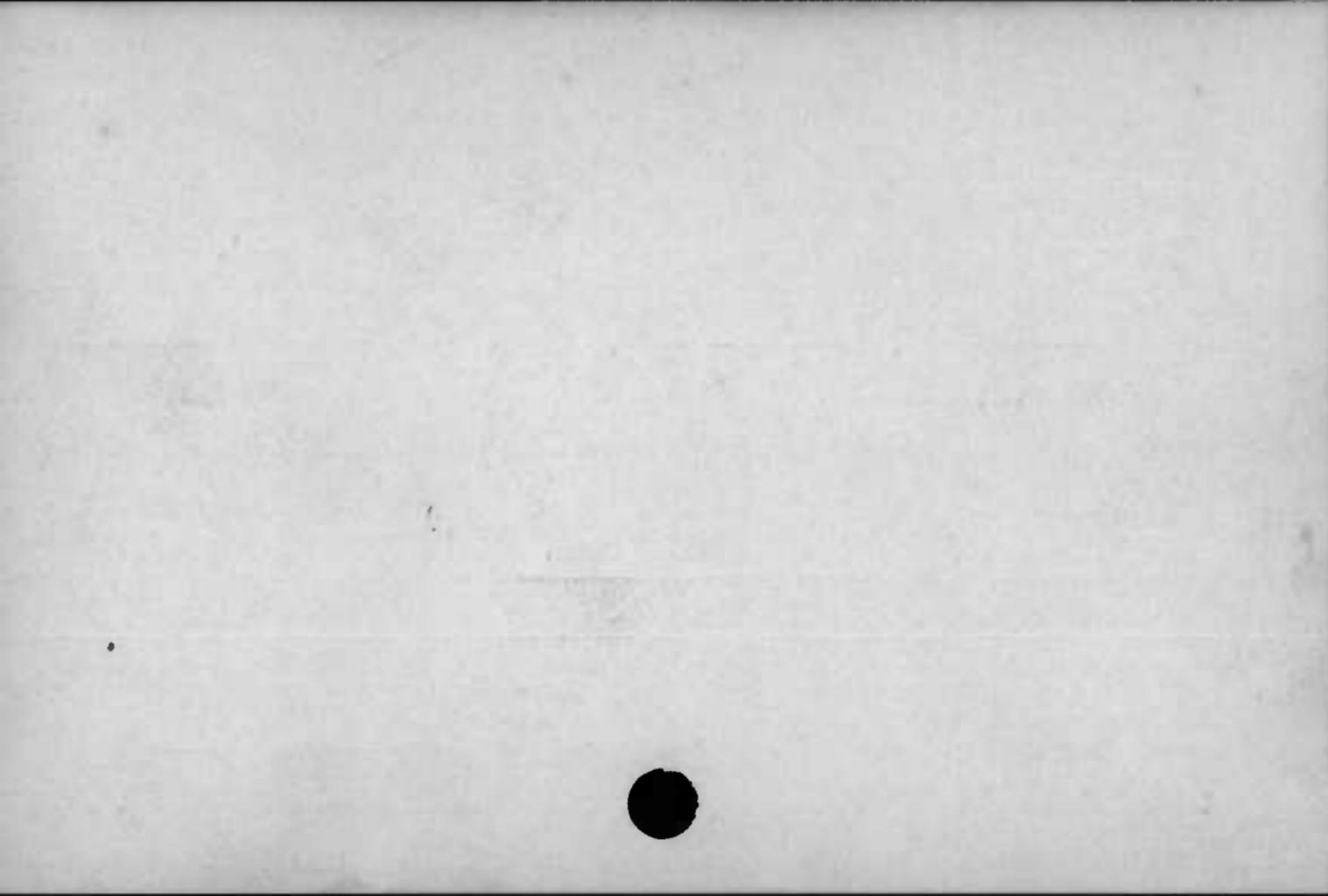
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1905	Sept	15	Age	
Sex	Color or Race	Birth-place		
Female	White	Peach Bottom Pa.		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Husband			
Married	David Roberts Jr.			
Father's Name	Father's Birthplace			
E. J. Scarborough	Harford Co., Md.			
Mother's Maiden Name	Mother's Birthplace			
Catharine Sample	Peach Bottom			
Name of person giving Information	How related to deceased			
Myself, Colonel Russ	age			
CAUSES OF DEATH				
Primary	Cancer			
Immediate	Weakness			

65

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	A. Steward M.D. Delta Pa.



Name  
in  
Full

Hannah Scarff

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Pleasantville

County  
Harford

MARYLAND

Date  
of death

1905 Sep

Month

16 Day

Years

75

Months

Days

Age

Sex

Female

Color or  
Race

White

Birth-  
place

Md.

Occupation

Housekeeper

Where Residing if not  
at place of death

Pleasantville Md

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Sam'l. G. Scarff

Father's  
Name

Thomas Walker

Father's  
Birthplace

England

Mother's  
Maiden Name

Hannah V. Blackburn

Mother's  
Birthplace

Md.

Name of person giving  
Information

Elijah Well

How related  
to deceased

Sister

CAUSES OF DEATH

Primary

Softening of brain

How long

Immediate

15

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

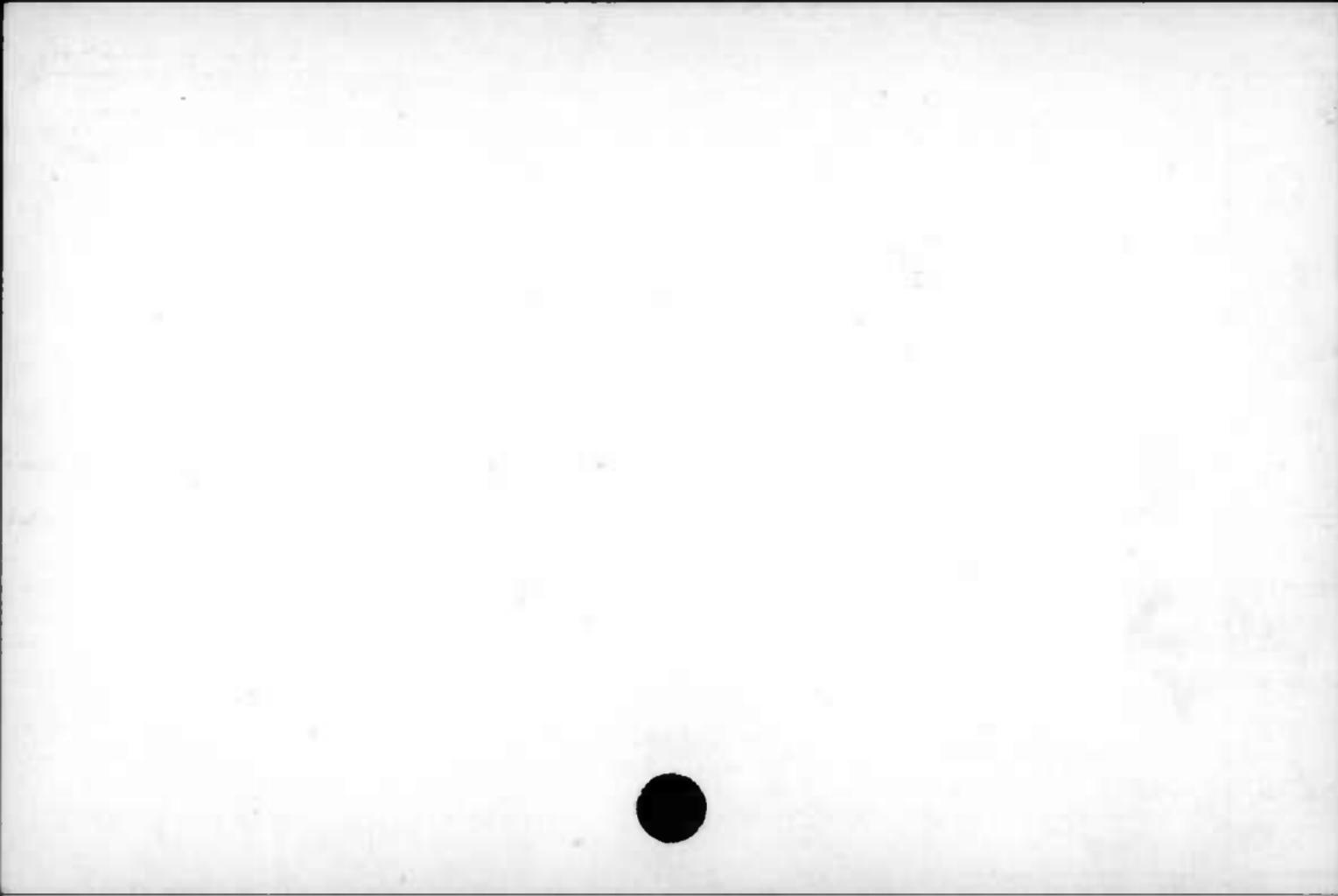
Signature of  
Physician

Address

Geo. W. Davis M.D.  
Pleasantville  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Albert P. Silver

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date  
of death 190

Month

Day

Years

Age

52

Months

16

Days

Sex

Color or  
Race

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Birthplace

Father's  
Name

Frederick Silver

Mother's  
Birthplace

Mother's  
Maiden Name

Mary E Hoffmann

How related  
to deceased

Name of person giving  
Information

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart disease

How long

Sudden

Immediate

Don't know

How long

Sudden

Are the name, age, sex, color, date  
and place correctly given above?

Yes

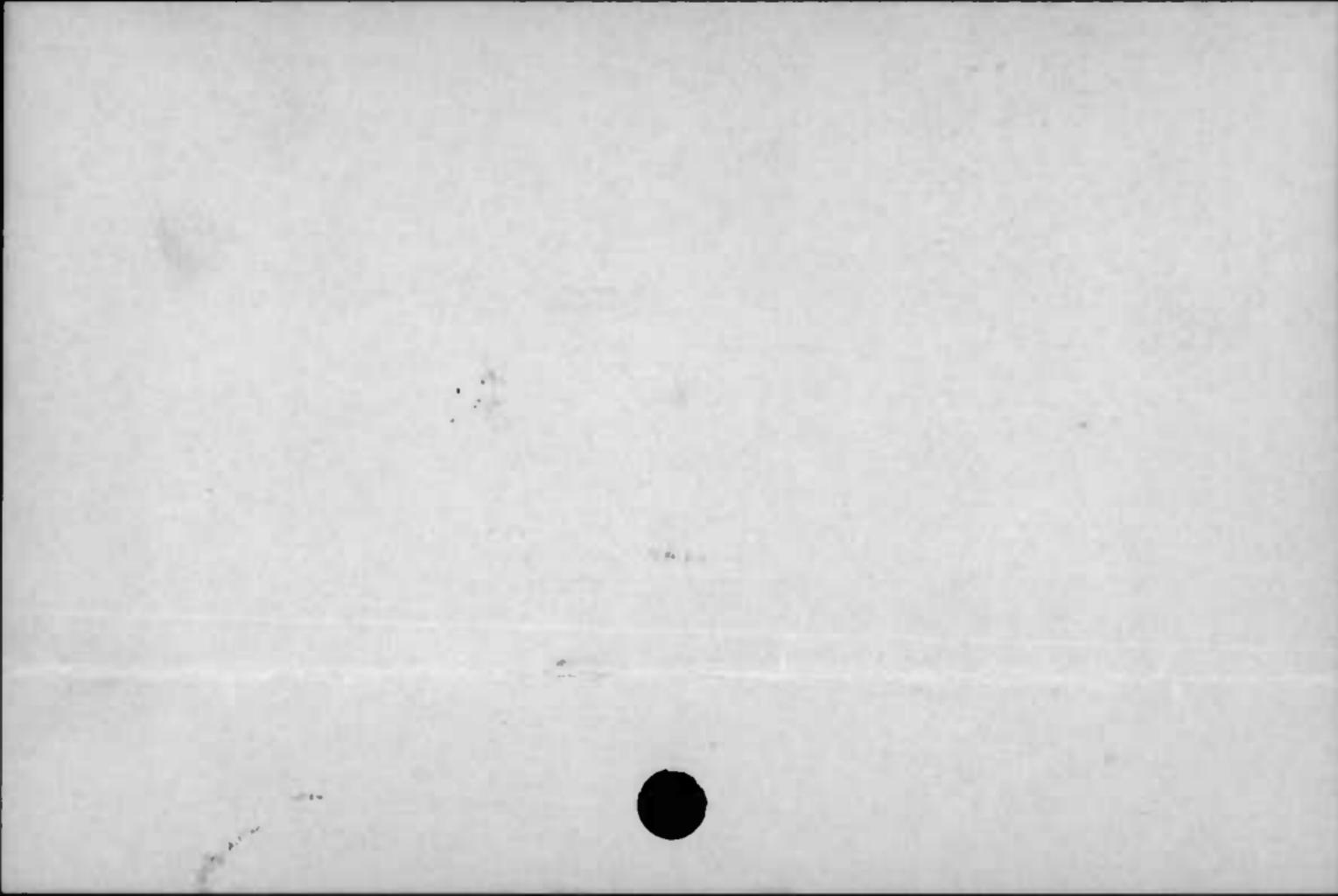
Signature of  
Physician

Address

R. H. Smith M.D.

Neuweiler Place Md.

Accident or Suicide?



Name  
in  
Full

Mary A. Springton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Darlington	Harford			
Date of death	1905 Sep 7	Month	Day	Years	Months Days
Sex	F	Color or Race	W	Birth-place	Darlington
Occupation	Lady	Where Residing if not at place of death My Judge Price's			
Married, Single or Widowed		Name of Husband	Thos Springton		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Miss Isabell Price			How related to deceased	Niece

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Phthisis

How long

8 years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

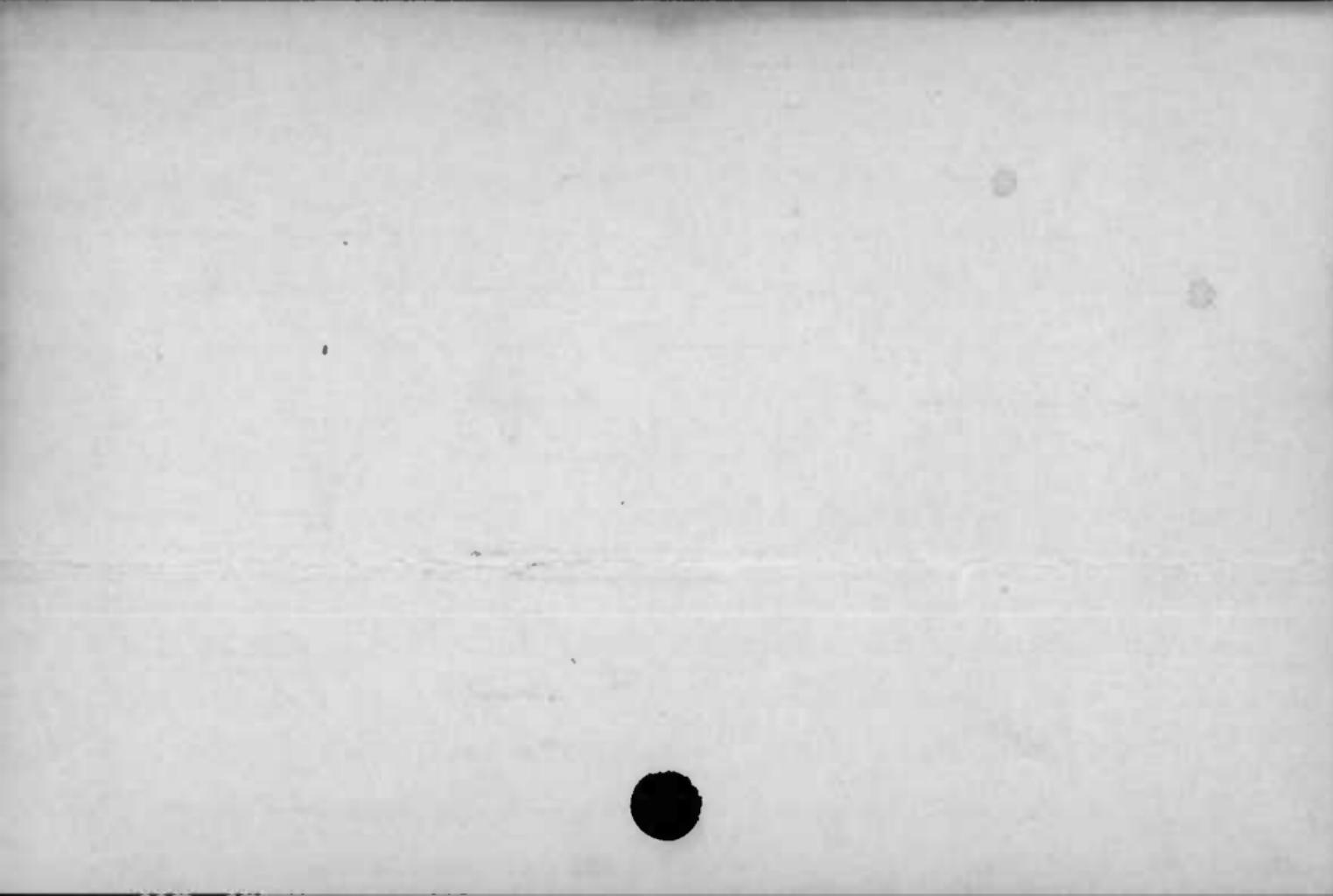
Signature of Physician

Address

Ephr Hopkins  
Darlington

Md

Accident or Suicide?



Name  
in  
Full

Martha G. Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Whitford	Hagerstown			
Date of death	1900	Month	Sept	Years	76
Sex	Female	Color or Race	White	Birth-place	Ind
Occupation	Housekeeper		Where Residing if not at place of death	Ind	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information	Ed Smith		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Gangrene

Immediate

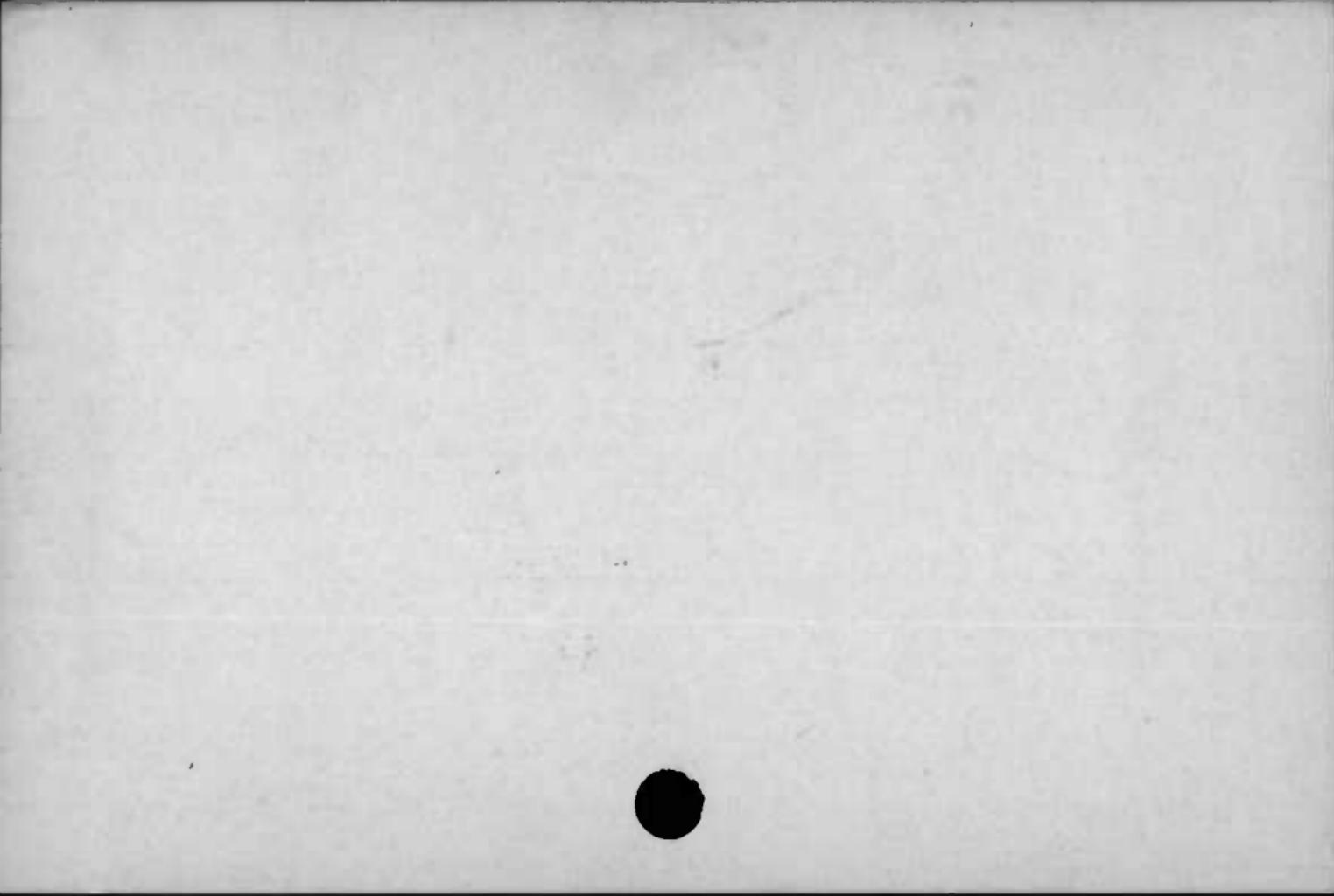
Gangrene

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Dorothy B. Standiford

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Sept	15	3 weeks		
Sex	Color or Race	Where Residing if not at place of death			
Female	White	Maryland			
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	William H. Standiford				
Mother's Maiden Name	P. May Davis				
Name of person giving information	W. H. Standiford				
Father's Birthplace	Maryland				
Mother's Birthplace	Maryland				
How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chelesa-Infantum

How long

five days

Immediate

Meningitis

How long

three days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

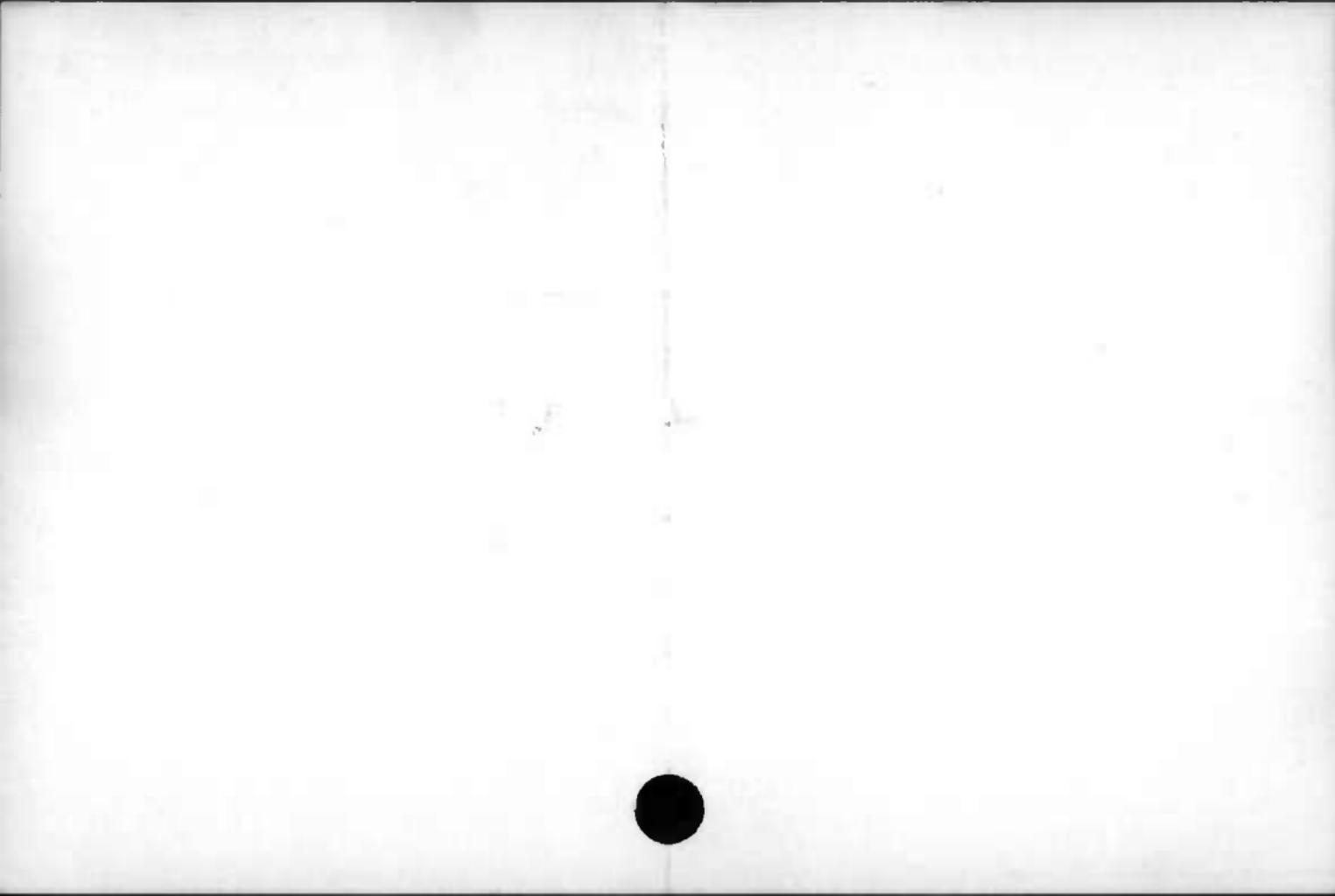
Geo. W. Davis M.D.

Address

Pleasantville

Harsford Co Md

Accident or Suicide?



Name  
in  
Full

Clara F. Stewart

CERTIFICATE OF DEATH

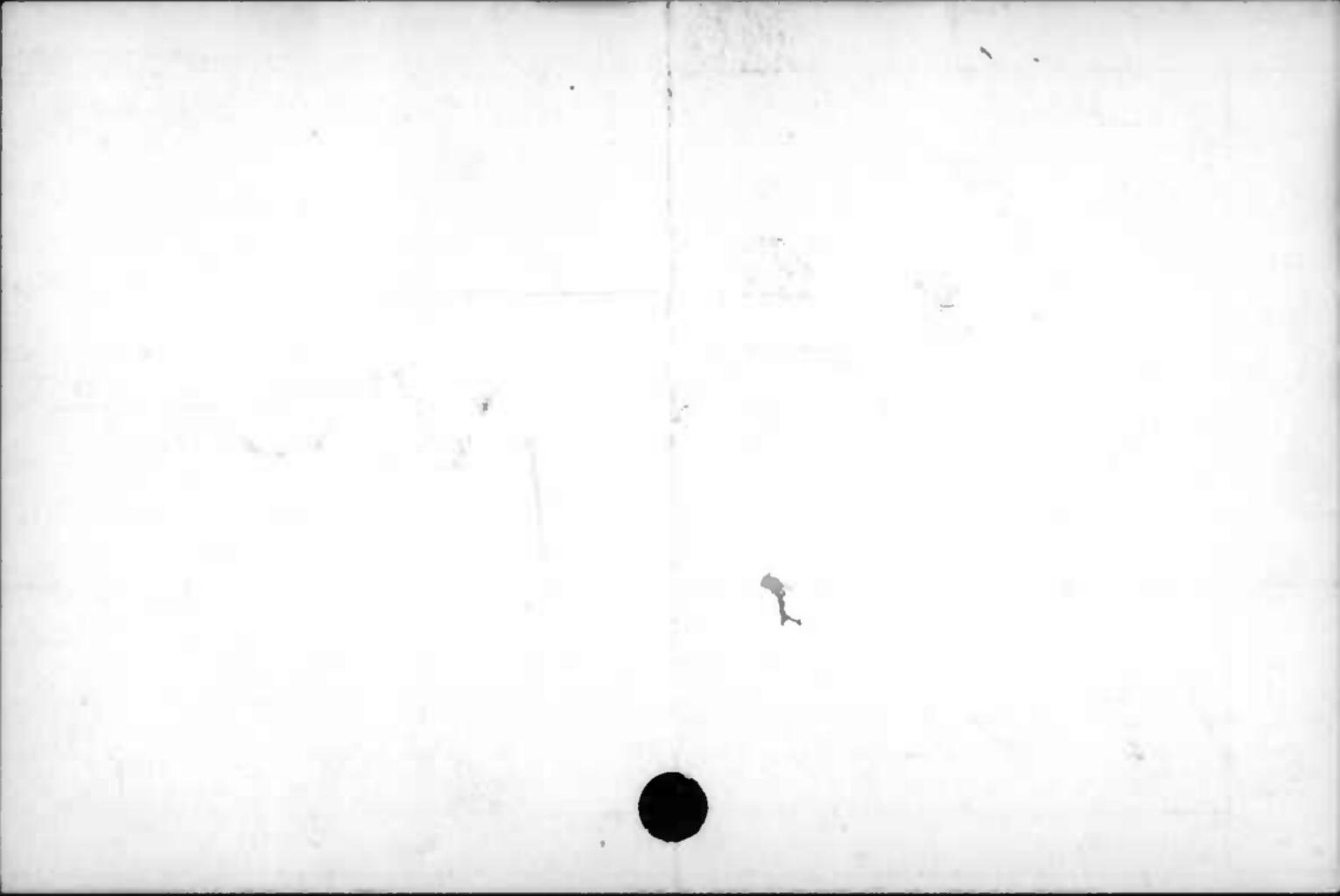
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	X	Name of Wife or Husband	X	Father's Name	Md.
Father's Name	Howard Stewart			Father's Birthplace	Md.
Mother's Maiden Name	Mary Nell			Mother's Birthplace	Md.
Name of person giving Information	Frank Nell			How related to deceased	Grandfather

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Non assimilation of food		How long	7 to 4 months
Immediate	Infantile atrophy		How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Q. H. McNeuar	
		Address	Jarrettsville	
Accident or Suicide?				



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name or Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Terrell Cooper Terrell Hagerford County  
1908 Sept 11 87 months 1 days  
Male White Cooper  
Occupation \_\_\_\_\_  
Married, Single or Widowed \_\_\_\_\_  
Name or Wife or Husband \_\_\_\_\_  
Father's Name Harry Terrell Hagerford Md.  
Mother's Maiden Name Adela B. Terrell Baltimore  
Name of person giving information Father How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

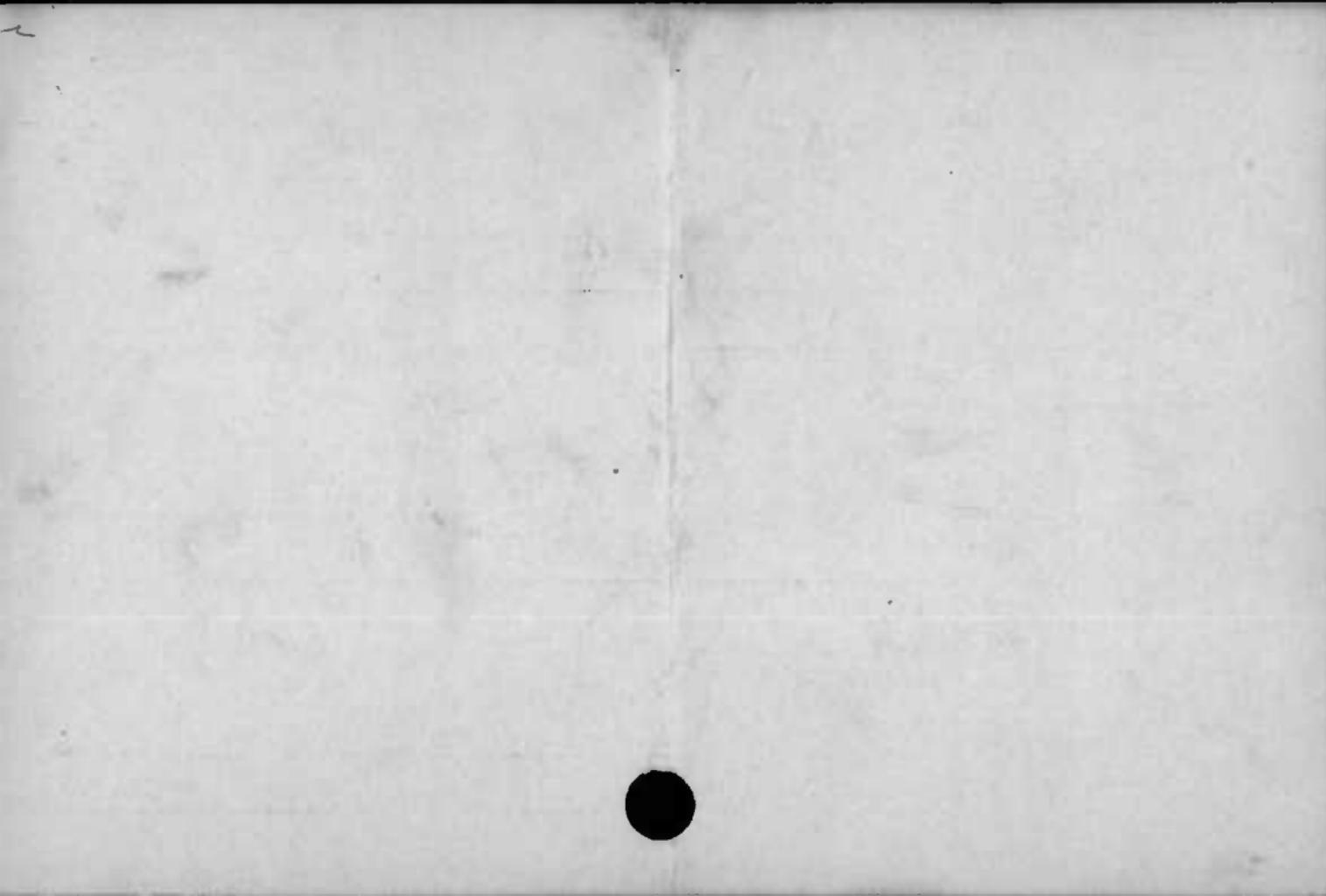
Signature of Physician

Address

R. Stewart

Delta Ga.

Accident or Suicide?



Name  
in  
Full

Howard William Wye

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1905	Sept	20	2	2	3	2	
Sex	Male	Color or Race	Black	Birth-place	Whitelake		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	William Wye			Father's Birthplace	Whitelake		
Mother's Maiden Name	Langella Lead			Mother's Birthplace	Whitelake		
Name of person giving Information	Father			How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Child was born from birth

How long

Immediate

Death sudden had no physician

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

F. Turner

Whitelake

Accident or Suicide?

